

Hong Kong Society of Paediatric Dentistry 香港兒童齒科學會

Amended

March 26, 2009

2008-2009

To : All members

From : Dr. Michelle Cheung, Honorary Secretary

President

Professor Stephen H.Y. Wei

Notice of the Society's 64th Scientific Meeting

Date : **Thursday, 16 April, 2009**

Vice President

Dr. Eilly W.S. Lau

Venue : **Plaza V, Lower Lobby**
Novotel Century Hong Kong Hotel
238 Jaffe Road
Hong Kong

Honorary Secretary

Dr. Michelle Y.M. Cheung

Speaker: **Dr Alex Chan**
Assistant Professor in Endodontics, HKU

Title: **"Recent Advances in the Management of Opened Apices"**

Honorary Treasurer

Dr. Kitty M.Y. Hse

Programme: **6:00 p.m. – 7:00 p.m.** Registration & Refreshment*
*** Sandwiches / cakes, tea & coffee will be served.**

6:30 p.m. – 7:00 p.m. **18th Annual General Meeting**

7:00 p.m. – 8:00 p.m. **Lecture****

**** (Members: Free of charge ; non-Members and guests: HK\$200)**

Immediate Past

President

Dr. Cynthia K.Y. Yiu

8:00 Dinner***

***** (Members: HK\$100 ; non-Members and guests: HK\$200)**

CME/CPD 1 point

Please return the reply slip by **3 April 2009** to :

Ms Zinnia Pang, Faculty of Dentistry, 2/F Prince Philip Dental Hospital,
34 Hospital Road, Hong Kong. **Fax No. : 2559 3803**

Dr. Michelle Cheung
Honorary Secretary

HONG KONG SOCIETY OF PAEDIATRIC DENTISTRY

REPLY SLIP

I will attend the 64th Scientific Meeting to be held on Thursday, 16 April 2009
(Members: Free of charge; non-Members and guests: HK\$200)

I will attend the 64th Scientific Meeting to be held on Thursday, 16 April 2009
and **stay for dinner (Members: HK\$100 ; non-Members and guests: HK\$200)**

I will be accompanied by _____ guest/s for the meeting only

I will not attend the 64th Scientific Meeting to be held on Thursday, 16 April 2009

Certificate of attendance

will be required

will not be required

I enclose herewith: Fee to attend the Scientific Meeting:

Members: free of charge

Non-Members and guests: HK\$200 *HK\$* _____

Fee for dinner:

Members: HK \$100

Non-Members and guests: HK\$200 *HK\$* _____

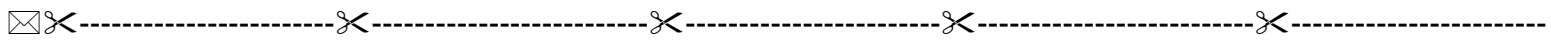
Total: HK\$ _____

All cheques should be made payable to **"Hong Kong Society of Paediatric Dentistry"**

Name: _____
(Please indicate Member Non-Member)

Address: _____
(for non-Member only)

Signature: _____ Date: _____



To: Zinnia Pang
Faculty of Dentistry
Rm 2A14 Prince Philip Dental Hospital
Hospital Road, Hong Kong
(Fax No: 2559 3803)