

## Workshop on “Paediatric Dermoscopy”

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|-------------------------|--|
| <b>Date:</b>            | <b>13 February 2014 (Thursday)</b>   |
| <b>Time:</b>            | <b>18:30 – 20:00</b>   |
| <b>Venue:</b>           | <b>Cleft and Birthmark Laser Treatment Centre, 4/F, Block P,<br/>United Christian Hospital</b>   |
| <b>Speaker:</b>         | <b>Dr LUK Chi Kong, David</b><br>Department of Paediatrics and Adolescent Medicine, United Christian Hospital  |
| <b>Fee :</b>            | <b>Free of Charge</b>  |
| <b>Language:</b>        | <b>Chinese and English</b>   |
| <b>Target Audience:</b> | <b>Medical practitioners, nurses, allied health workers,<br/>biomedical engineers and related professionals who want to<br/>develop more in paediatric dermatology<sup>1</sup></b> |

| Time          | Sessions <sup>2</sup> |
|---------------|-----------------------|
| 18:15 – 18:30 | Registration          |
| 18:30 – 19:45 | Paediatric Dermoscopy |
| 19:45 – 20:00 | Q & A Session         |

1. Students are not eligible to attend the workshop.
2. All section titles, programme content and rundown may be subject to amendments without prior notice.

# ENROLLMENT FORM

|   |   |
|---|---|
| Name (Ir / Prof / Dr / Mr / Ms):              | How to Enroll:<br>Please complete the enrollment form and send to the Workshop Secretariat by 12 February 2014, 17:00.                        |
| Organization:                                 | fax at: <b>2788 6338</b> or<br>by email: <b>hkpads2013@gmail.com</b><br>Successful enrollment will be confirmed by email.                     |
| Position:                                     | For Enquiry, please contact:  |
| Business Address:                             | Mr Calvin WONG,<br>Engineer<br>Automation Service Division<br>Hong Kong Productivity Council<br>Tel 2788 6335, Email: calvinwong@hkpc.org     |
| Tel: Mobile:                                  |   |
| Email (required for enrollment confirmation): | Ir Bryan SO<br>Senior Consultant,<br>Automation Service Division<br>Hong Kong Productivity Council<br>Tel: 2788 5548, Email: bryanso@hkpc.org |
| Signature:                                    |   |
| Date:   |   |

**Project Applicant**

Implementing Agent

### Funding Organization

Collaborating Organization

### Supporting Organizations



香港特別行政區政府  
THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION



基督教聯合醫院  
UNITED CHRISTIAN HOSPITAL  
Department of Paediatrics and  
Adolescent Medicine

醫院管理局  
HOSPITAL  
AUTHORITY

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