

# Endocrine Neck USG Course

CME and CNE Accreditation

18 June 2016

**VENUE:** CUHK Jockey Club Minimally Invasive Surgical Skills Centre  
3/F, Li Ka Shing Specialist Clinic (North Wing), Prince of Wales Hospital

ORGANIZERS:



## COURSE DIRECTORS

**Professor Enders KW NG**  
Professor  
Department of Surgery  
The Chinese University of Hong Kong

**Dr. Shirley YW LIU**  
Associate Consultant  
Department of Surgery  
Prince of Wales Hospital  
The Chinese University of Hong Kong

## PROVISIONAL PROGRAMME

## Lecture Session

Venue: CUHK Jockey Club Minimally Invasive Surgical Skills Centre  
3/F, Li Ka Shing Specialist Clinic (North Wing), Prince of Wales Hospital



Time	Activity	Speakers
0930 - 1000	Registration	
1000 - 1005	Welcome Remarks	Shirley YW Liu
<b>Session I</b>		
1005 - 1025	Ultrasound Examination of Thyroid Pathology	Anil Ahuja
1025 - 1045	Ultrasound Examination of Parathyroid Pathology	KT Wong
1045 - 1100	Discussion	
<b>Session II</b>		
1100 - 1120	Ultrasound Examination of Cervical Lymph Nodes	Anil Ahuja
1120 - 1140	Ultrasound-guided Fine Needle Aspiration Cytology	Shirley YW Liu
1140 - 1200	Laryngeal Ultrasound Assessment	KP Wong
1200 - 1215	Discussion	
1215 - 1315	Lunch	
1315 - 1700	<b>Hands-on Workshop</b>	



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## REGISTRATION FORM

(PLEASE RETURN THE FORM TO THE SECRETARIAT VIA POST/EMAIL/FAX BY 3 JUNE 2016)

Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name:	Last Name:
<input type="checkbox"/> Doctor <input type="checkbox"/> Medical Trainee <input type="checkbox"/> Medical Student	Position:	Institution:

Mailling Address:

Country: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration Fee**  Practising Doctor - Lecture + Hands-on **HKD 1,000**  Medical Trainee - Lecture + Hands-on **HKD 750**  
 Medical Student - Lecture Only **Waived**

### Cancellation & Refund Policy

All cancellations must be made in writing to the secretariat. The following refund policy will be observed:  
**Postmarked, faxed or email on or before 3 June 2016** - 50% of the amount paid.

**Postmarked, faxed or email after 31 May 2016** - No Refund

### Payment Method (This part must be completed for acceptance of registration)

A bankdraft / cheque for HKD \_\_\_\_\_ made payable to "The Chinese University of Hong Kong" is enclosed.  
*(Personal cheques are acceptable for HK residents)*

Please debit my credit card: Type:  Visa /  Master Card no.: \_\_\_\_\_  
 Name of cardholder: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Amount: HKD \_\_\_\_\_  
 CVV no.: \_\_\_\_\_ *(The three-digit CVV number is located on the signature panel on the back of the card immediately after the card's account number)* Signature: \_\_\_\_\_ Date (ddmmyyy): \_\_\_\_\_