

**The Institute of Clinical Simulation
The Hong Kong College of Anaesthesiologists**

Advanced and Difficult Airway Management (ADAM-N) Workshop for Nurses

Application Form

Particulars of applicant:

Name (English): _____ Name (Chinese): _____

(Title) (Surname) (Name)

Hospital (Current): _____ Rank: _____

Contact Tel: _____ HA e-Learning ID: _____

Mail Address: _____

E-mail address: _____

Working Specialty: _____ Experience: _____ years

Preferred dates* of workshop:

15 May 2010	
17 July 2010	

18 September 2010	
27 November 2010	

*1 = First Choice 2 = Second Choice 3 = Third Choice 4 = Forth Choice

Cheque no.: _____

Signature: _____ Date: _____

Please return the complete form together with a crossed cheque of **HK\$600.00** made payable to “*The Hong Kong College of Anaesthesiologists*” 3 weeks before scheduled workshop to:

The Institute of Clinical Simulation c/o
Department of Anaesthesia & Operating Theatre
North District Hospital
9 Po Kin Road
Sheung Shui
NT

Registration will be based on a *first-come-first-served* basis and successful applicant will be noticed by phone or via email two weeks before workshop commence. Full refund 7 days before commencement of the Workshop with written request. No refund will be granted after the commencement of the workshop.