

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

Management of Anaesthetic Critical Events (MACE)

Application Form

Particulars of applicant:

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

(Title) (Surname) (Name)

Hospital (Current): _____ Rank: _____

Contact Tel: _____ Contact Fax: _____

Mail Address: _____

E-mail address: _____

Status with HKCA (please ✓): Fellow Member

Anesthesia experience in years: _____

Preferred dates* of workshop:

29 May 2010	
30 May 2010	

2 October 2010	
3 October 2010	

***1 = First Choice 2 = Second Choice**

Cheque no.: _____

Signature: _____ Date: _____

Please return the complete form together with a crossed cheque of **HK\$ 1200.00** made payable to "**The Hong Kong College of Anaesthesiologists**" 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.