



Clinical Simulation Committee
The Hong Kong College of Anaesthesiologists (HKCA)

Application Form

Advanced and Difficult Airway Management (ADAM-A) Workshop for Anaesthetists
2 September 2017

Particulars of applicant (Please fill up the form in CAPITAL LETTER):

Name (English) : _____ Name (Chinese): _____
(Title) (Surname)

Hospital (Current) : _____ Rank: _____

Specialty : _____ Experience (No. of Years): _____

Phone (Office): _____ (Mobile): _____

HA E-mail Address : _____

Other Email Address: _____

Car Park Reservation on course date: _____ (Car Plate No.) (\$60/per day)

Status with HKCA (please ✓): Fellow Member Non-member

Course fee: (please ✓)

| | |
|--|-----------------------|
| <input type="checkbox"/> Hospital Authority (HA) anaesthetists | Full sponsor by HA |
| <input type="checkbox"/> Non-HA, non-HKCA fellows/members *Cheque no.: _____ | HK\$5,310 |
| Signature: _____ Date: _____ | |

For non-HA and non-HKCA fellows/members please submit the completed form together with a crossed cheque made payable to “**THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS**” 5 weeks before the course date to:

Clinical Simulation Committee
c/o NTE Simulation and Training Centre
3E Ward
North District Hospital
9 Po Kin Road
Sheung Shui
NT

First-come first-served basis. Priority will be granted to HA anaesthetists. Full refund with written / e-mail request of withdrawal 4 weeks before the workshop. No refund after the commencement of the workshop.

For enquiries, please contact Ms. Pinky Tsui at (852) 2683 8343.