

Clinical Simulation Committee
The Hong Kong College of Anaesthesiologists

Hong Kong Simulation Instructors' Course on 1 – 2 April 2017
Registration Form

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

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

Preferred Name: _____ Hospital (Current): _____

Rank: _____ Contact Tel: _____

HA E-mail Address: _____

Personal E-mail Address: _____

Working Specialty: _____ Experience: _____ years

Status with HKCA (please ✓): Fellow Member

Course fee (please ✓):

Doctors (HK\$9000)

Nurse/Allied Health (HK\$6000)

Q&A

Q1: Please indicate what simulation courses you have attended as a participant.

A1: _____

Q2: Please indicate what simulation courses you are currently instructing in.

A2: _____

Q3: Please indicate your future plans for instructing in simulation courses.

A3: _____

Signature: _____ Date: _____

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

NTEC Simulation and Training Centre
3E Ward, North District Hospital
9 Po Kin Road
Sheung Shui
N.T.

Refund Policy

1. For applicant who does not attend the course, there will be no refund.
2. For applicant who withdraws before the course registration deadline date, there will be refund if CSC received a formal withdrawal request by letter or e-mail. If after the deadline date, there will be no refund. For courses that do not have registration deadline date, there will be refund if a formal withdrawal (by letter or e-mail) is received more than 14 calendar days before the course begins.
3. This policy applied to all applicants (local & overseas).