

Clinical Simulation Committee
The Hong Kong College of Anaesthesiologists

Effective Management of Anaesthesia Crises (EMAC) Course

Application Form for Overseas Applicant

Particulars of applicant:

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

Preferred Name: _____

Hospital (Current): _____ Rank: _____

Contact Tel: _____ Contact Fax: _____

Mailing Address: _____

E-mail address: _____

Status with HKCA (please ✓): Fellow Member

Anesthesia experience in years: _____

Have you taken ACRM before (please ✓): Yes No

Registering for the following EMAC course: (please ✓)

1 – 3 June, 2017	
15 – 17 Sept, 2017	
13 – 15 Oct, 2017	

Cheque no.: _____

Signature: _____ Date: _____

Please return the complete form together with a crossed cheque of **HK\$ 14,000.00** made payable to “*The Hong Kong College of Anaesthesiologists*” as early as possible to:

Clinical Simulation Committee
The Hong Kong College of Anaesthesiologists
3E Ward, North District Hospital
9 Po Kin Road, Sheung Shui, N.T.
Attn: Ms Pinky Tsui

Priority will be given to local candidates and registration will be based on a first-come-first-served basis. Full refund 14 days before commencement of the Workshop with written request. No refund will be granted after the commencement of the workshop.