



**New Territories East Cluster
Simulation & Training Centre (NTEC-STC)**

新界東聯網模擬及訓練中心



Elementary Ultrasound-Guided Regional Anaesthesia Workshop (UGRA-E)

Registration Form

Particulars of applicant:

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

_____ (Rank) / _____ (Ward / Department) / _____ (Hospital)

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

Phone (Mobile) : _____ (Office): _____

HA email address : _____

Other email address: _____

Car Plate (If you want reserve parking place on that day, \$60 per day): _____

Status with HKCA (Please tick ✓ as appropriate): Fellow Member Non-member

Please indicate your priority by using “1” to “3”.

| Date | Venue | Time | Priority |
|-------------|--|---------------|----------|
| 22 Sep 2018 | New Territories East Simulation & Training Centre (NTEC-STC), North District Hospital, 9 Po Kin Road, Sheung Shui, N.T | 08:30 – 17:00 | |
| 01 Dec 2018 | | | |
| 09 Mar 2019 | | | |

Please return the completed form to Ms. Fion TANG via email tth811@ha.org.hk,
fax (852) 2683 8342 or by post to:

New Territories East Simulation and Training Centre
3E Ward, North District Hospital, 9 Po Kin Road, Sheung Shui, NT.
Attn.: Ms. Fion TANG

Notes:

- 1) Registration will be based on a first-come-first-served basis and successful applicants will be noticed via email before **5 weeks** of course commencement.
- 2) For successful applicant, please inform us at least **4 weeks** in advance prior to the course commencement if you are unable to attend the course by written email to tth811@ha.org.hk.

Signature: _____

Date: _____

For enquiries, please contact Ms. Fion TANG at (852) 2683 8298