



CUHK Transthoracic Echo Course for Anaesthesiologists

APPLICATION FORM

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

Hospital (Current): _____ Rank: _____

E-mail address: _____

Contact Tel: _____

Postal Address: _____

Working Specialty: _____ Experience: _____ years

Previous Echo Training : _____
(e.g. Echo Lab Attachment; Preceptorship; Echo Training)

Experience in teaching Focused Transthoracic Echo in your clinical practice : Yes No

I would like to apply for the course of : *(please ✓at appropriate box)*

- 1st course : 24 Nov 2018 (Sat) + 24 Mar 2019 (Sun) + half weekday
- 2nd course : 25 Nov 2018 (Sun) + 23 Mar 2019 (Sat) + half weekday
- 3rd course : Jun & Dec 2019 (TBA)
- 4th course : Jun & Dec 2019 (TBA)

Signature : _____ Cheque no : _____
 Date : _____

Please return the complete form together with a crossed cheque of **HK\$15,000** made payable to “*The Hong Kong College of Anaesthesiologists*” **on or before 2 October 2018** to the following address.

Room 807, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Successful participants will be notified by e-mail. Thank you.

*Full refund will be made upon written confirmation of cancellation received 14 days before commencement of the course and payment is non-refundable thereafter.
 For enquiries, please contact HKCA Office at 2871 8768. Thank you.*