2nd Hong Kong ECMO Symposium 2013

5 – 8 September 2013

A programme jointly held by Adult Intensive Care Unit, Department of Cardiothoracic Surgery, Department of Paediatric Cardiology & Division of Cardiology, Department of Medicine of Queen Mary Hospital.

REGISTRATION FORM

For Official Use:

SECTION 1: DELEGATE DETAILS

Title	☐ Prof ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss		
Surname		Given Name	
Profession	☐ Doctor ☐ Nurse ☐ Perfusionist ☐ Others_____		
Department/ Unit		Hospital/ Institute	
Correspondence address			
Country		Email	
Telephone (office)		Telephone (mobile)	
Past experience in ECMO care: ☐ Yes ☐ No		Past experience in ECMO retrieval: ☐ Yes ☐ No	
Current or future utilized ECMO machine(s)	☐ Rotaflow ☐ Cardiohelp ☐ Deltastream (Medos) ☐ Terumo ☐ Others_____		

SECTION 2: REGISTRATION FEES

LOCAL	On or Before 15 Aug	After 15 Aug
☐ Pre-Course (5 Sept 2013 AM)	HK$ 1500	HK$ 1700
☐ Symposium (6 Sept 2013)	HK$ 2000	HK$ 2200
☐ Advanced Simulation Workshop (please tick ONE choice only) Identical Sessions: ☐ 7 Sept AM ☐ 7 Sept PM ☐ 8 Sept AM	HK$ 1500	HK$ 1700
TOTAL:		
OVERSEAS (NON-HONG KONG)	**On or Before 15 Aug**	**After 15 Aug**
☐ Pre-Course (5 Sept 2013 AM)	US$ 200	US$ 250
☐ Symposium (6 Sept 2013)	US$ 260	US$ 300
☐ Advanced Simulation Workshop (please tick ONE choice only) Identical Sessions: ☐ 7 Sept AM ☐ 7 Sept PM ☐ 8 Sept AM	US$ 200	US$ 250
TOTAL:		
☐ Speaker, instructor and symposium staff	FOC for event on 6 Sept 2013	

SECTION 3: METHOD OF PAYMENT

☐ Bank draft

☐ Cheque number: _____ Bank: _____

Date: _____(DD/MM/YYYY) Signature: _____

REGISTRATION POLICIES

- Registration will be on a first-come, first-served basis.
- Payment MUST accompany registration form.
- Payment should be made in form of cross cheque (local) or bank draft (overseas) payable to "Hospital Authority". Please submit *SEPARATE* cheques for programmes on different days.
- Completed registration form with payment, should be sent to the following address by mail:
  E2 Adult Intensive Care Unit, Queen Mary Hospital, Pokfulam, Hong Kong.
  Attn: Ms. Viann YU
- Seats are limited. Successful registration will be confirmed by email or phone.

CANCELLATION POLICIES

- All cancellation requests must be submitted in writing or by email to the Organizer (Attn: Ms. Viann YU).
- NO phone cancellation will be accepted.
- 75% of registration fee may be refunded upon written confirmation of cancellation received before 15 August 2013. Payment is non-refundable thereafter.

BAD WEATHER ARRANGEMENT

- Before workshop/ symposium commences, if the Hong Kong Observatory announces that Typhoon Signal No. 8 or above/ Black Rainstorm Warning is in force, or Typhoon Signal No. 8 will be hoisted within 2 hours, NO PROGRAMME will be held. Subsequent arrangement on refunding/ rescheduling of workshop will be announced later.
- All programme will be held as scheduled if Typhoon Signal No. 8 or above/ Black Rainstorm Warning is lowered at or before 06:00 am for morning sessions, or 10:00am for afternoon sessions.

ENQUIRY

Registration/ Payment/ Cancellation details:

- Ms. Viann YU, PSII, Adult ICU, Queen Mary Hospital (yth184@ha.org.hk, Tel: 22556771)
- Mr. YU Kin Yip, WM, Adult ICU, Queen Mary Hospital (yukk1@ha.org.hk, Tel: 22551713).

Programme details:

- Ms. Viann YU, PSII, Adult ICU, Queen Mary Hospital (yth184@ha.org.hk, Tel: 22556771)
- Mr. Peter LAI, NC(Intensive Care), HKWC, Hospital Authority (lck230@ha.org.hk, Tel: 22551332).