The Institute of Clinical Simulation
The Hong Kong College of Anaesthesiologists

Advanced and Difficult Airway Management (ADAM-D) Workshop for Doctors

Application Form

Particulars of applicant :

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

(Title) (Surname) (Name)

Hospital (Current): _____ Rank: _____

Contact Tel: _____ Contact Fax: _____

Mail Address: _____

_____

E-mail address: _____

Status with HKCA (please ✓): Fellow □ Member □

Working Specialty: _____ Experience: _____ years

Registering for the following ADAM-D workshop: (please ✓at appropriate box)

	13 July 2013	8:30am – 1:00 pm
	21 December 2013	8:30am – 1:00 pm

Please return the complete form together with a crossed cheque of **HK$ 2,000** Registering for the following ADAM-D workshop: (please ✓at appropriate box)made payable to "***The Hong Kong College of Anaesthesiologists***" 3 weeks before scheduled workshop to:

The Institute of Clinical Simulation
c/o Department of Anaestheisa & Operating Theatre
North District Hospital
9 Po Kin Road
Sheung Shui, NT

Cheque no.: _____

Signature: _____ Date: _____

Notes to HA Docotrs :
This workshop is fully sponsored by Hospital Authority to HA doctors. In order to fully utilize the training opportunity and the funding sponsored by HA, your submitted cheque will be held as collateral and returned to you on the date of workshop. Please date your cheque the same as the date of workshop, i.e. either 13 July 2013 or 21 December 2013. Thank you.

Registration will base on first come first served basis. Please register 3 weeks before your intended course date. Full refund will be made 14 days before commencement of the workshop with written or e-mail request of withdrawal. No refund will be granted afterwards.
For enquiries, please contact ICS at 2683-8307. Thank you.