



Clinical Simulation Committee
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: _____

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

Contact Tel : _____

HA E-mail Address : _____ Other Email Address: _____

Mailing Address : _____

Car Plate : _____

Status with HKCA (please ✓): Fellow ☐ Member ☐ Non-member ☐

Registering for the following Advanced and Difficult Airway Management Workshop (please indicate your priority by using “1” and “2”):

Date	Priority
9 August 2014 (Saturday)	
13 December 2014 (Saturday)	

Course fee (please ✓):

☐ Doctors who are HA Doctors (Full refund by return of the cheque on the day of workshop)	HK\$2000
*Cheque no.: _____	

Please return the complete form together with a crossed cheque made payable to “**THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS**” 3 weeks before scheduled workshop to:

New Territories East Simulation and Training Centre
The Hong Kong College of Anaesthesiologists
North District Hospital, 9 Po Kin Road, Sheung Shui, NT
Attn.: Ms Marleana YIP

Priority will be granted to HA doctors. Full refund will be considered if we receive participant's written/e-mail request of withdrawal 2 weeks before the workshop. No refund will be granted after the commencement of the workshop.

For enquiries, please contact Ms Marleana Yip at 2683 8307 or Jessica CHING at 2683 8343