



Clinical Simulation Committee
The Hong Kong College of Anaesthesiologists

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

Particulars of applicant (Please fill up the form in CAPITAL LETTER):

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

Hospital (Current) : _____ Rank: _____

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

Phone (Office): _____ (Mobile): _____

HA E-mail Address : _____

Other Email Address: _____

Car Park Reservation on course date: _____ (Car Plate No.) (\$60/per day)

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

Please indicate your priority by using “1” and “2”.

Course Date	Priority
29 April 2017 (Sat)	
12 Aug 2017 (Sat)	

Please return the completed form to Ms. Pinky Tsui via email simulation@hkca.edu.hk or by post to:

New Territories East - Simulation and Training Centre The Hong Kong College of Anaesthesiologists 3E Ward, North District Hospital, 9 Po Kin Road, Sheung Shui, NT Attn.: Ms. Pinky Tsui
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Signature: _____ Date: _____

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 simulation@hkca.edu.hk

For enquiries, please contact Ms. Pinky Tsui at 2683-8343.