# 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 ✓)

| | | | |
|---|---|---|---|
| 28 March 2009 | | 26 September 2009 | |
| 6 June 2009 | | 19 December 2009 | |

Cheque no.: _____

Signature: _____ Date: _____

Please return the complete form together with a crossed cheque of **HK$1000.00** 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

5 free registration will be given to NTEC staff for each class on first come first served basis and successful applicant will be noticed by phone or via email two weeks before workshop commence. Full refund 7 days before commencement of the workshop with written request. No refund will be granted after the commencement of the workshop.