

**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 ✓)

|               |  |
|---------------|--|
| 31 March 2012 |  |
| 30 June 2012  |  |

|                   |  |
|-------------------|--|
| 29 September 2012 |  |
| 29 December 2012  |  |

Signature: \_\_\_\_\_

Cheque no.: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the complete form together with a crossed cheque of **HK\$ 1200.00** made payable to “*The Hong Kong College of Anaesthesiologists*” 3 weeks before scheduled workshop to:

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

5 free registrations 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.