

**The Institute of Clinical Simulation
The Hong Kong College of Anaesthesiologists**

Effective Management of Anaesthetic Crises (EMAC) Course

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

Anesthesia experience in years: _____

Have you taken ACRM before (please ✓): Yes No

Registering for the following EMAC course: (please ✓)

20-22 April 2012	
2-4 August 2012	
2-4 November 2012	

Cheque no.: _____

Signature: _____ Date: _____

Please return the complete form together with a crossed cheque of **HK\$ 7500.00** made payable to "***The Hong Kong College of Anaesthesiologists***" as early as possible to:

Administrative Executive
Hong Kong College of Anaesthesiologists
Room 807, HKMA Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

Priority will be given to local candidates and registration will be based on a first-come-first-served basis. Full refund 7 days before commencement of the Workshop with written request. No refund will be granted after the commencement of the workshop.