

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

**Management of Anaesthetic Critical Events (MACE)**

*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: \_\_\_\_\_

Registering for the following MACE workshop: (please ✓)

26 February 2012 (Sun)	
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Cheque no.: \_\_\_\_\_

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

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

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

Registration will be based on a *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.