

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

Advanced and Difficult Airway Management (ADAM-A) Workshop for Anaesthetists

Application Form

Particulars of applicant:

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

Hospital (Current): _____

Contact Tel: _____ Contact Fax: _____

Mail Address: _____

E-mail address: _____

Status with HKCA (please ✓): Fellow Member

Anesthesia experience in years: _____

Registering for the following ADAM-A workshop: (please ✓)

16 April 2011	
27 August 2011	

Cheque no.: _____

Signature: _____ Date: _____

Please return the complete form together with a crossed cheque of **HK\$ 800.00** (for HKCA members and fellows) **or HK\$1,000.00** (for non-HKCA members) 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

Priority will be given to HKCA members and fellows. 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.