

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

**Advanced and Difficult Airway Management (ADAM-N) Workshop for Nurses**

*Application Form*

**Particulars of applicant:**

Name (English): \_\_\_\_\_ Name (Chinese): \_\_\_\_\_

(Title) (Surname) (Name)

Hospital (Current): \_\_\_\_\_ Rank: \_\_\_\_\_

Contact Tel: \_\_\_\_\_ HA e-Learning ID: \_\_\_\_\_

Mail Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Working Specialty: \_\_\_\_\_ Experience: \_\_\_\_\_ years

**Dates of workshop:**

3 September 2011	<input checked="" type="checkbox"/>
------------------	-------------------------------------

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

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

Please return the complete form together with a crossed cheque of **HK\$600.00** 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

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.