



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

**Exposure to Anaesthetic Safety & Emergencies (EASE) Course
For Anaesthesia Trainees**

Application Form

Particulars of applicant:

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

Hospital (Current) : _____ Contact Tel : _____

HA E-mail Address : _____ Other Email Address: _____

Mailing Address : _____

Status with HKCA (please✓): Non-member Member

Anesthesia experience: _____ months in OT, _____ months in ICU

Car Plate : _____

Target Participants: MANDATORY for HKCA Year 1 anaesthesia trainees. Applicable for trainees within first 2 years of training.

Trainee status: Anaesthesia ICU Dual Anaesthesia and ICU trainee

Registering for the following Advanced and Difficult Airway Management Workshop
(Please indicate your priority by using “1”, “2” and “3”):

Date	Priority
12 September 2014 (Friday)	
26 September 2014 (Friday)	
13 March 2015 (Friday)	

Please return the completed form together with a crossed cheque of **HK\$2,500** made payable to “**THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS**” 3 weeks before scheduled workshop to:

New Territories East Simulation and Training Centre The Hong Kong College of Anaesthesiologists North District Hospital 9 Po Kin Road, Sheung Shui, NT Attn.: Ms Marleana YIP

Cheque No. _____

Signature: _____

Registration is on “first come, first serve” basis. Please register 3 weeks before your intended course date. Full refund will be made 14 days before commencement of the workshop with written or e-mail request of withdrawal. No refund will be granted afterwards.

For enquiries, please contact Ms Marleana YIP at 2683 8307. Thank you.