



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

**Application Form**

**Focused transthoracic echocardiography workshop for Anaesthetists**

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

(Title) (Surname) (Name)

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

Contact Tel: \_\_\_\_\_

Email Address (HA): \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

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

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

Car Park No.: \_\_\_\_\_

Status with HKCA (please ✓): Fellow  Member

**Registration for the following ECHO-A workshop: (please ✓ at appropriate box)**

<input type="checkbox"/>	12 July, 2014
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<input type="checkbox"/>	10 Jan, 2015
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Please return the complete form together with a crossed cheque of HK \$2,867.00 made payable to  
“**THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS**” 3 weeks before scheduled  
workshop to:

Ms. Marleana YIP  
NTE Simulation & Training Centre  
The Hong Kong College of Anaesthesiologists  
3E Ward, North District Hospital  
9 Po Kin Road, Sheung Shui, N.T.

First come first serve. Full refund with written/e-mail request of withdrawal 14 days before the workshop.  
No refund will be granted after the commencement of the workshop. For enquiries, please contact  
Ms. Marleana YIP at 2683-8307. Thank you.