

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

Effective Management of Anaesthetic Crises (EMAC) Course
Registration Form for Local (Hong Kong) Applicant

Particulars of applicant:

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

Preferred Name: _____

Hospital (Current): _____ Rank: _____

Contact Tel: _____ Contact Fax: _____

Mail Address: _____

E-mail address: _____

Status with HKCA (please ✓): Fellow Member

Anesthesia experience in years: _____

Have you taken ACRM before (please ✓): Yes No

Car Park No. _____

Registering for the following EMAC course: (please ✓)

3 – 5 May 2014	
29 – 31 Aug 2014	
7 – 9 Nov 2014	

Dietary Restrictions: Vegetarian Food Allergy (Please specify): _____

Signature: _____ Date: _____

Please return the completed form together with a crossed cheque of **HK\$ 8,000.00** made payable to “*The Hong Kong College of Anaesthesiologists*” as early as possible to:

The Institute of Clinical Simulation
The Hong Kong College of Anaesthesiologists
3E Ward, North District Hospital
9 Po Kin Road, Sheung Shui, N.T.
Attn: Ms. L T YIP

Priority will be given to local candidates and registration will be based on a first-come-first-served basis.

Refund Policy

1. For applicant who does not attend the course, there will be no refund.
2. For applicant who withdraws before the course registration deadline date, there will be refund if ICS received a formal withdrawal request by letter or e-mail. If after the deadline date, there will be no refund. For courses that do not have registration deadline date, there will be refund if a formal withdrawal (by letter or e-mail) is received more than 14 calendar days before the course begins.
3. This policy applied to all applicants (local & overseas).