

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

Effective Management of Anaesthetic Crises (EMAC) Course

Application Form for Overseas 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

Registering for the following EMAC course: (please ✓)

3 – 5 May 2014	
29 – 31 Aug 2014	
7 – 10 Nov 2014	

Cheque no.: _____

Signature: _____ Date: _____

Please return the complete form together with a crossed cheque of **HK\$ 10,500.00** 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. Full refund 7 days before commencement of the Workshop with written request. No refund will be granted after the commencement of the workshop.