



香港急症科醫學院  
HONG KONG COLLEGE OF  
EMERGENCY MEDICINE

SPONSORSHIP TO:

Asia Pacific Meeting on Simulation in Healthcare (APMSH) 2013  
24-27 October 2013, Shanghai

The College invites application for the above sponsorship from Fellows and Trainees. You can refer to the website of [www.apmsh2013.com](http://www.apmsh2013.com) for details. Please note that the deadline for early bird registration of the Conference is on 28<sup>th</sup> June 2013.

Details of the Sponsorship:

- 1) Quota: **20 Fellows and Ordinary Members**
- 2) Sponsorship amount: **100% Early Bird Registration Fee of US\$525**
- 3) CMECPD and Training Points: - 12 Category 1 (PP) CME points for participating Fellows  
- 10 Category B TP for participating Trainees
- 4) Deadline for application: **14<sup>th</sup> June 2013 (Friday)**
- 5) Application method: by fax at 2554-2913 or by e-mail to our College Secretary at [emadm@hkam.org.hk](mailto:emadm@hkam.org.hk) with the personal particulars.
- 6) A selection process will be conducted if the quota is exceeded.
- 7) Successful candidates will be reimbursed 100% of Early Bird Registration Fee upon submission of the *original receipt and certified true copy of the attendance certificate* to our College Secretary on or before **6<sup>th</sup> December 2013 (Friday)**.
- 8) Documents for reimbursement will not be accepted after the deadline for reimbursement unless there is prior approval from the Council.
- 9) No double sponsorship is allowed for the registration fee.
- 10) The final decision of selection rests with the College Council.
- 11) Successful candidates who fail to attend will not be considered for any College sponsorship for 2 years from the closing date of the event.

From: Dr. NG Fu  
Hon. Secretary, HKCEM  
15<sup>th</sup> May 2013

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To Dr. NG Fu (c/o Ms. Cherry KWOK / Ms. June WU)  
Hon. Secretary, HKCEM

Deadline for application: 14<sup>th</sup> June 2013  
Fax: 2554-2913

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I would like to apply for sponsorship of the above conference. I understand the conditions for application.

|            |  |
|------------|--|
| Name:      | <input type="checkbox"/> Fellow <input type="checkbox"/> Ordinary Member |
| Post:      | Hospital:  |
| E-mail:    | Contact No.:   |
| Signature: | Date:  |