



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

SPONSORSHIP TO:

Medical Education Conference (MEC), HKAM, 7th – 8th February 2015

The College invites application for the above sponsorship from Fellows and Ordinary Members. You can refer to the website of <https://www.hkamonline.hk/medconference15/index.php> for details.

Details of the Sponsorship:

- 1) Quota: **30 Fellows / Ordinary Members**
- 2) Sponsorship amount: **100% registration fee of your appropriate category**
- 3) CMECPD and Training Points: - 12 passive CMECPD points for participating Fellows
- 10 Category B TP for participating Trainees
- 4) Deadline for application: **2nd February 2015 (Monday)**
- 5) Application method: by fax at 2554-2913 or by e-mail to Mr. Raymond CHAN, Admin. Manager at am@hkcem.org.hk with the personal particulars.
- 6) A selection process will be conducted if the quota is exceeded. Priority will be given to those with paper / poster presentation at this Congress.
- 7) Successful candidates will be reimbursed **100% registration Fee for the main conference and workshop of your appropriate category** upon submission of the *original receipt and certified true copy of the attendance certificate* to our Admin. Manager on or before **13th March 2015 (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.
- 10) The final decision of sponsorship 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. Ludwig TSOI, Hon. Secretary, HKCEM
 21st January 2015

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 To Dr. Ludwig TSOI (c/o Mr. Raymond CHAN)
 Hon. Secretary, HKCEM

Deadline for application: *2nd Feb 2015*
 Fax: 2554-2913

Medical Education Conference, HKAM, 7th – 8th February 2015

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: