



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

SPONSORSHIP TO Attend:

35th INTERNATIONAL CONGRESS - 26 th (Tuesday) to 29th (Friday) May 2015 St Julian's, Malta
European Association of Poisons Centres and Clinical Toxicologists

The College invites application for the above sponsorship from Fellows and Ordinary Members. You can refer to the website of <http://www.eapcct.org> for details.

Details of the Sponsorship:

- 1) Quota: **3 Fellows / Ordinary Members**
- 2) Sponsorship amount: **100% registration fee at early bird reduced rate.**
- 3) CMECPD and Training Points: - 12 passive Cat 1 CME points for participating Fellows
 - 10 Category B TP for participating Trainees
- 4) **Deadline for application:** **16 March 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 at early bird reduced rate** upon submission of the **original receipt and certified true copy of the attendance certificate** to our Admin. Manager on or before **29 June 2015 (Monday)**.
- 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
 2 March 2015

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

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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: