



香港急症科醫學院

HONG KONG COLLEGE OF EMERGENCY MEDICINE

SPONSORSHIP TO:

Annual Conference on Disaster Preparedness and Response in Hong Kong - 30th October to 1st November 2015

The College invites application for the above sponsorship from Fellows and Ordinary Members. You can refer to the website: <http://acdpr.hkjcdpri.org.hk/registration.php> for details.

Details of the Sponsorship:

- 1) Quota: **Unlimited Quota for Fellows / Ordinary Members**
- 2) Sponsorship amount: **HK\$750 (equivalent to 50% Registration Fee)**
- 3) CMECPD and Training Points: - 12 passive CMECPD points for participating Fellows
- 10 Category B TP for participating Trainees
- 4) Deadline for application: **12th Oct 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 personal particulars completed below.
- 6) Priority will be given to those with paper / poster presentation at this Congress.
- 7) Successful candidates will be reimbursed **HK \$750 (equivalent to 50% Registration Fee)** upon submission of the ***original receipts and certified true copy of the attendance certificate*** to our Admin. Manager on, or before **2nd December 2015 (Wednesday)**.
- 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
20th August 2015

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

Deadline for application: 12th Oct 2015
Email: am@hkcem.org.hk 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: