



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

SPONSORSHIP TO:

8TH ASIAN CONFERENCE FOR EMERGENCY MEDICINE (ACEM), 7-10 NOVEMBER 2015, TAIPEI

The College invites application for the above sponsorship from Fellows and Ordinary Members. You can refer to the website of <http://www.acem2015.org/registration.html> for details.

Details of the Sponsorship:

- 1) Quota: **30 Fellows / Ordinary Members**
- 2) Sponsorship amount: **HK\$3,550 (equivalent to 100% Early Bird Registration Fee) + Gala Dinner(HK\$760)**
- 3) CMECPD and Training Points: - 12 passive CMECPD points for participating Fellows
- 10 Category B TP for participating Trainees
- 4) Deadline for application: **26th June 2015 (Friday)**
- 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) 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 **HK \$3,550 + \$760 (equivalent to 100% Early Bird Registration FeeGala Dinner)** upon submission of the original receipts and certified true copy of the attendance certificate to our Admin. Manager on, or before **7th December 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
 29th May 2015

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

Deadline for application: 26th June 2015
Email: am@hkcem.org.hk Fax: 2554-2913

8TH ASIAN CONFERENCE FOR EMERGENCY MEDICINE (ACEM) 7-10 NOVEMBER 2015, TAIPEI

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: