



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

SPONSORSHIP TO:

The 14th Asia Pacific Association of Medical Toxicology(APAMT) Congress
1- 4 December 2015 - Perth, Western Australia

The College invites application for the above sponsorship from Fellows and Ordinary Members. You can refer to the website <http://www.apamt2015.com/registration-and-social-program> for details.

Details of the Sponsorship:

1. Quota: **5 Fellows / Ordinary Members**
2. Sponsorship amount: **Member - A\$850, Non-Member - A\$950 (Equivalent to 100% Early Bird Registration Fee). Deadline for Early Bird registration is 31 Aug 2015**
3. CMECPD and Training Points: - 12 passive CMECPD points for participating Fellows
 - 10 Category B TP for participating Trainees
4. Deadline for application: **26th August 2015 (Wednesday)**
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 **Member - A\$850, Non-Member - A\$950 (equivalent to 100% Early Bird Registration Fee)** upon submission of the original receipts and certified true copy of the attendance certificate to our Admin. Manager on, or before **4th January 2016 (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
 10th July 2015

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

Deadline for application: 26th August 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: