



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

SPONSORSHIP :

**10<sup>th</sup> European Congress on Emergency Medicine – 1-5 Oct 2016, Vienna, Austria**

The College invites application for the Congress & Pre-congress workshop sponsorship from Fellows. You can refer to the website of <http://www.eusemcongress.org/en/> for conference details.

Details of the Sponsorship:

- 1) Quota: **5 Fellows (Congress) & 2 Fellows (Pre-Congress workshop)**
- 2) Sponsorship amount: **€ 650 (100% Early Bird rate) & € 220 (workshop)**  
 Deadline for early bird registration: **12<sup>th</sup> August 2016 (Friday)**
- 3) CMECPD: 12 passive cat 1 CME points
- 4) Deadline for application: **1<sup>st</sup> August 2016 (Monday)**
- 5) Application method: by fax at 2554-2913 or by e-mail to Mr. Raymond CHAN, Admin. Manager at [am@hkcem.org.hk](mailto: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 the sponsorship amount upon submission of the **original receipts and certified true copy of the attendance certificate** to our Admin. Manager on, or before **30<sup>th</sup> Dec 2016 (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  
 13<sup>th</sup> June 2016

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

**Deadline for application: 1<sup>st</sup> August 2016**  
**Email: [am@hkcem.org.hk](mailto: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
Post:	Hospital:
E-mail:	Contact No.:
Signature:	Date: