



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

SPONSORSHIP TO:

11th Regional Course on Hospital Emergency Preparedness and Response
21-25 Nov 2016, Bangkok, Thailand

The College invites application for the above sponsorship from Fellows. Successful candidate will be responsible to help in development of similar courses in HK. You can refer to the website of <http://www.adpc.net/igo/contents/Training/training-schedule-event.asp?pid=999> for details.

Details of the Sponsorship:

- 1) Quota: **1 Fellow**
- 2) Sponsorship amount: **USD\$2,000 (including accommodation with breakfast)**
- 3) CMECPD: - 12 passive cat 1 CME points
- 4) Deadline for application: **8th July 2016 (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 USD\$2,000 upon submission of the original receipts and certified true copy of the attendance certificate to our Admin. Manager on, or before **30th 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
 6th June 2016

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

Deadline for application: 8th July 2016
 Email: am@hkcem.org.hk Fax: 2554-2913

11th Regional Course on Hospital Emergency Preparedness and Response
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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:

