



香港急症科醫學院

HONG KONG COLLEGE OF  
EMERGENCY MEDICINE

**SPONSORSHIP TO ATTEND 5<sup>TH</sup> ASIA PACIFIC EBM WORKSHOP, 4-7 FEBRUARY 2007, SINGAPORE**

The College invites application for sponsorship of 50% registration fee from Fellows and Trainees (Total 10 quotas) who will attend 5<sup>TH</sup> Asia Pacific EBM Workshop to be held in Singapore on 4-7 February 2007. You can refer to the Conference brochure at <[www.nuh.com.sg/ebm\\_apebm.html](http://www.nuh.com.sg/ebm_apebm.html)> for information and registration details.

Details of the sponsorship:

1. Interested fellows are **required to file in the application form and send** to the College before the deadline date for application.
2. A selection process will be conducted.
3. Successful candidates will be **reimbursed 50% of Registration Fee** upon submission of the original receipt and copy of attendance certificate to the College Honorary Treasurer.
4. **No double sponsorship is allowed; candidates receiving sponsorship from other sources for the registration fee will not be eligible to receive reimbursement from the college.**
5. Candidates undertake to teach 2 college organized EBM workshops in future.

The final decision of selection rests with the College Council. Selected candidates who fail to attend will not be considered for any College Sponsorship for two years from the date of the conference.

Interested Fellows please fill in the application form below and post / fax to the College Secretary (Ms. Juana Ng) at Rm 809, 8/F HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen; Fax no. 2554 2913. (*Deadline for application: 5 December 2006*)

From: Dr. Tong Hon Kuan  
Hon. Secretary, HKCEM  
22 November 2006

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**To: Dr. Tong Hon Kuan** (c/o Ms. Juana Ng) [*Deadline for application: 5 Dec 2006*]  
Hon. Secretary, HKCEM Fax: 2554 2913

**Application for Sponsorship to Attend 5<sup>th</sup> Asia Pacific EBM Workshop, 4-7 February 2007, Singapore**

I would like to apply for sponsorship of the above conference. I understand the commitment I need to take upon successful application.

Name:	College Fellow/Trainee
Post:	Hospital:
Contact Telephone:	Email:
Signature:	Date: