



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

SPONSORSHIP TO:

第三屆首都急診醫學高峰論壇

2010年8月27-29日, 北京國際會議中心, 中國

The 3rd Capital Forum on Emergency and Critical Care Medicine
27 – 29 August 2010, Beijing International Convention Center, China

The College invites application for the above sponsorship from Fellows and Trainees. You can refer to the website of <http://www.cfeccm.org> for details. Please note that the deadline for *Early Bird Registration of the Conference* is on 15th July 2010 (Thursday) may contact Dr. Peter PANG via pangkmp@ha.org.hk for any change of the Early Bird Registration Date.

Details of the Sponsorship:

- 1) Quota: 20 Fellows and Trainees
- 2) Sponsorship amount: 100% Early Bird Rate of registration fee (HK\$850)
- 3) CMECPD and Training Points: 12 passive CME for Fellows
10 category B TP for Trainees
- 4) Deadline for application: 2nd August 2010 (Monday)
- 5) Application method: by fax at 2554-2913 or by e-mail to our College Administrator at emadm@hkam.org.hk with the personal particulars.
- 6) A selection process will be conducted if the quota is exceeded.
- 7) Successful candidates will be reimbursed full Early Bird Registration Fee upon submission of the *original receipt and certified true copy of the attendance certificate* to our College Administrator on or before 30th September 2010 (Thursday).
- 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 for the registration fee.
- 10) The final decision of selection 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. NG Fu
Hon. Secretary, HKCEM
15th July 2010

To Dr. NG Fu (c/o Ms. Cherry KWOK / Ms. June WU)
Hon. Secretary, HKCEM

Deadline for application: 2nd Aug 2010
Fax: 2554-2913

Application for Sponsorship to Attend

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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"/> College Fellow	<input type="checkbox"/> College Trainee
Post:	Hospital:	
E-mail:	Contact Phone No.:	
Signature:	Date:	