



香港急症科醫學院

HONG KONG COLLEGE OF EMERGENCY MEDICINE

SPONSORSHIP TO:

INTEGRATED EMERGENCY CARE FOR OLDER PERSONS SUMMIT

Melbourne Australia 26 – 28 October 2016

The College invites application for the above sponsorship from Fellows and Ordinary Members. You can refer to the website [Click here](#) for details.

Details of the Sponsorship:

- 1) Quota: **5 Fellows / Ordinary Members**
- 2) Sponsorship amount: **Registration Fee: AUD600**
Workshop: AUD275
Gala Dinner: AUD100
- 3) CMECPD and Training Points: - 12 Cat 1 passive CME points for participating Fellows
- 10 Category B TP for participating Trainees
- 4) Deadline for application: **26 August 2016 (Friday)**
- 5) Application method: by e-mail to Ms. Sonia HUEN at eo@hkcem.org.hk or by fax at 2554-2913 with the personal particulars.
- 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 **AUD600+\$275+\$100 (equivalent to 100% Early Bird Registration Fee, Workshop & Gala Dinner)** upon submission of the original receipts and certified true copy of the attendance certificate to Ms. Sonia HUEN on or before **28 November 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.
- 12)

From: Dr. Ludwig TSOI, Hon. Secretary, HKCEM
29 July 2016

To Dr. Ludwig TSOI (c/o Ms. Sonia HUEN)
Hon. Secretary, HKCEM

Deadline for application: 26 August 2016
Email: eo@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.

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|------------|--|
| Name: | <input type="checkbox"/> Fellow <input type="checkbox"/> Ordinary Member |
| Post: | Hospital: |
| E-mail: | Contact No.: |
| Signature: | Date: |