



The Society of Anaesthetists of Hong Kong 醉科學會

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President - Professor Michael Irwin

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Application form for WCA 2016 Registration Fee Reimbursement

I confirm that I am an * existing / new life member (*circle the correct item) of SAHK and I am a * trainee / fellow (*circle the correct item) of HKCA. I would like to receive reimbursement of \$4, 000 from SAHK on my WCA 2016 Registration Fee.

Notes:

1. Please attach the receipt of WCA registration
2. Please apply for this reimbursement before 31 Dec 2016

Please write the cheque titled to _____ (your name as payee) and send it to _____ (your address for the cheque to be sent to).

Signature: _____

Date: _____

*Please send this completed application form with the receipt of WCA registration to **Dr. Cheung Ning, Michelle** c/o The Department of Anaesthesia and Intensive Care, 4/F Main Clinical Block and Trauma Centre, Prince of Wales Hospital, Shatin, New Territories, Hong Kong.*