Hong Kong Academy of Medicine
Jockey Club Institute for Medical Education and Development
Booking Form

(# Please select as appropriate)

Event Details *(Please enclose the promotional material & programme of the event)*

Organiser: _____

Co-organiser: _____

Official Name of Course: _____

Course Director or Coordinator: Prof./Dr./Mr./Ms. # _____

Telephone no.: _____ E-mail: _____

Event Date: _____ Event Time: _____

Expected no. of Participants: _____ Expected no. of Speakers: _____

Nature of Event: ❑ Course/Training   ❑ Workshop/Seminar/Meeting   ❑ Other (Please specify) _____

Contact Information

Name of Contact Person: Prof./Dr./Mr./Ms.# _____

Position in Organisation: _____

Billing / Correspondence Address: _____

_____

Telephone no.: (Office) _____ Mobile no: _____

Fax no.: _____ E-mail: _____

Booking Requirements

a) Venue

Venue	Date	Time	Requirements *(Please specify set up requirements e.g. no. of tables and chairs, AV, laptops)*	Charge (HK$) (For office use only)
Multipurpose Training Room				
Procedural Skills Room				
Ward				
Operating Theatre				
Consultation Room				
Debriefing Room 1*				
Debriefing Room 2*				
			Sub-total (a)	

* Standard setting: Debriefing Room 1 (4 big tables and 20 chairs); Debriefing Room 2 (2 big tables and 8 chairs)

7/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8718   Fax: (852) 2505 5577   Email: JCIMED@hkam.org.hk

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b) Lunch and Refreshment

❑ Yes (Please complete IMED lunch or/and Refreshment Order Form.)

※ Special dietary needs/requirements: ❑ Vegetarian ❑ Others (Please specify) _____

❑ No

※ If lunch order is not placed here, please estimate no. of participants using HKAM Dining Room for lunch to help us prepare sufficient food.
No. of diners estimated: _____

c) Patient Simulator(s) Requested

❑ Simman 3G/ HAL ❑ Sim Mom ❑ Sim Junior ❑ SimBaby ❑ SimNewB ❑ Megacode Kelly

d) Skill Simulators Requested

❑ HeartWorks TEE / TTE ❑ LAP Mentor ❑ GI-Broncho Metor

❑ TVS Scantrainer ❑ TestChest + Servo-i ❑ Bedside Monitor

e) Part-Task Trainers Needed

❑ CentraLineMan & FemoraLineMan ❑ Laerdal Airway Trainer

❑ Leardal Deluxe Difficult Airway Trainer ❑ AirSim Junior Paediatric Airway Model

❑ AirSim Advance Model ❑ AirSim Advance Combo Bronchi

Airway Management Equipment:

❑ Glidecope VL ❑ McGrath VL ❑ Airtraq VL

❑ Pentax AWS ❑ C-Mac VL ❑ Flexible Intubation Video Endocope

f) Extra AVIT Equipment and Support

❑ Yes (Please complete HKAM Equipment / Technical Services / Furniture Booking Form.)

❑ No

g) Oxygen Needed

❑ Yes

❑Cylinder Oxygen (Size_____) with pressure regulator and flow meter

❑Wall Supply Oxygen

❑ No

h) Other Requirements

Please specify:	*Remarks* *(For office use only)*

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Authorised Signature and Undertaking

We shall follow the rules / regulations / guidelines of HKAM Jockey Club Institute for Medical Education and Development (JCIMED) in using its facilities, and agree to indemnify HKAM against all loss or damage caused to the facilities of JCIMED.

Signature of Authorised Person and Company Chop: _____

Name and Position of Authorised Person (in BLOCK letters): _____

Date: _____

Remarks:

1.As an integral part of HKAM, JCIMED will adjust its venue and equipment rental fees in line with HKAM's yearly rate increase, if applicable, starting from 1st January each year. If you're planning to book across multiple years, it's recommended to be aware of possible fee increases and allocate extra budget accordingly.

2.HKAM Jockey Club Institute for Medical Education and Development (JCIMED) strongly recommend that the organizer to visit our centre at least one day before the event/course/examination to inspect the equipment, ensure the setup meets their requirements and allow JCIMED staffs to provide necessary support to organizer.

3.Any changes to the setup and equipment on the day of the event/course/examination may not be entertained due to time and resource constraints.

4.For events that finish after the rented session hours, the College/organizer would be charged for overrun hours from the 2nd hour onwards (pro-rata rental of venue at the standard session rates; there will be an additional surcharge of 10% on the overrun charges if the function overruns for more than 2 hours)

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