

Hong Kong Academy of Medicine Hong Kong Jockey Club Innovative Learning Centre for Medicine 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 <small>(Please specify set up requirements e.g. no. of tables and chairs, AV, laptops)</small>	Charge (HK\$) <small>(For office use only)</small>
Virtual Reality 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)

b) Lunch and Refreshment

<input type="checkbox"/> Yes (Please complete ILCM lunch or/and Refreshment Order Form.) ※ Special dietary needs/requirements: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Others (Please specify) _____
<input type="checkbox"/> 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/ Sim Mom Sim Junior SimBaby SimNewB Megacode Kelly
HAL

d) Skill Simulators Requested

- HeartWorks TEE / TTE LAP Mentor GI-Broncho Metor
 TVS Scantrainer TestChest + Servo-i Bedside Monitor

e) Part-Task Trainers Needed

- CentralLineMan & FemoraLineMan Laerdal Airway Trainer
 Laerdal 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 Endoscope

f) Extra AVIT Equipment and Support

<input type="checkbox"/> Yes (Please complete HKAM Equipment / Technical Services / Furniture Booking Form.)
<input type="checkbox"/> No

g) Oxygen Needed

<input type="checkbox"/> Yes <input type="checkbox"/> Cylinder Oxygen (Size _____) with pressure regulator and flow meter <input type="checkbox"/> Wall Supply Oxygen
<input type="checkbox"/> No

h) Other Requirements

Please specify:	<i>Remarks (For office use only)</i>

Authorised Signature and Undertaking

We shall follow the rules / regulations / guidelines of HKAM Hong Kong Jockey Club Innovative Learning Centre for Medicine (HKJC ILCM) in using its facilities, and agree to indemnify HKAM against all loss or damage caused to the facilities of HKJC ILCM.

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, HKJC ILCM 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 Hong Kong Jockey Club Innovative Learning Centre for Medicine (HKJC ILCM) 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 ILCM 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.