HONG KONG SOCIETY OF DIGESTIVE ENDOSCOPY
SPONSORSHIP APPLICATION FORM

Name : _____ Membership : Ordinary / Associate Member

Address : _____

Email : _____ Tel : _____

Present practice:

☐ Hospital : Name of Hospital : _____

Position : _____

☐ University: Name of University : _____

Position : _____

☐ Clinic : Name of Clinic : _____

Position : _____

Name and date of the Meeting : _____

Role : ☐ Speaker ☐ Presenter (Oral/ Poster presentation) ☐ Participant

Application policies:

1. *Please submit the ORIGINAL APPLICATION FORM with a cover letter to "Miss Phoebe Man, Secretariat, Hong Kong Society of Digestive Endoscopy, c/o CUHK Jockey Club Minimally Invasive Surgical Skills Centre, 3/F, Li Ka Shing Specialist Clinic (North Wing), Prince of Wales Hospital, Shatin, NT".*
2. *Only economy airfare, registration fee and accommodation would be covered. Please be reminded to register the correct category. If registering the wrong category, the Society will not reimburse the extra fee. For accommodation, the Society will only cover expenses from ONE night before a certain meeting to ONE night after the meeting at maximum. Eligible members are reminded to make their own arrangement.*
3. *Please submit the following documents to the secretariat for reimbursement arrangement within ONE MONTH after the meeting. Reimbursement would NOT be processed if failing to hand in one of the following documents.*
    - *A proof of attendance (e.g. attendance certificate/ name badge)*
    - *Original payment receipts/invoices (Copies would not be accepted)*
    - *A copy of bank statement showing the expenses if payments are made by credit cards.*

I have read through the above policies and would comply with the policies once awarded the sponsorship.

Signature : _____ Date : _____