

**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 would be covered. 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)
  - A copy of 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 : \_\_\_\_\_