## 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 Me	eeting:
Role:	☐ Presenter (Oral/ Poster presentation) ☐ Participant
Kong Society of Digest Ka Shing Specialist Cli 2. Only economy airfare, correct category. If accommodation, the So the meeting at maximum 3. Please submit the follo after the meeting. Reim • A proof of atter • Original paymo	GINAL APPLICATION FORM with a cover letter to "Miss Phoebe Man, Secretariat, Hong tive Endoscopy, c/o CUHK Jockey Club Minimally Invasive Surgical Skills Centre, 3/F, Li inic (North Wing), Prince of Wales Hospital, Shatin, NT".  registration fee and accommodation would be covered. Please be reminded to register the registering the wrong category, the Society will not reimburse the extra fee. For ociety will only cover expenses from ONE night before a certain meeting to ONE night after m. Eligible members are reminded to make their own arrangement.  Sowing documents to the secretariat for reimbursement arrangement within ONE MONTH abursement would NOT be processed if failing to hand in one of the following documents. Indance (e.g. attendance certificate/ name badge)  ent receipts/invoices (Copies would not be accepted)  ent statement showing the expenses if payments are made by credit cards.
I have read through the a	bove policies and would comply with the policies once awarded the sponsorship.
Signature :	Date :