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 application form to the secretariat at hksde.secretariat@gmail.com by 6 March 2023.*
2. *Only economy airfare (up to HKD20,000), 5 nights of accommodation (up to HKD2,400/ night, max. 5 nights) and registration fee would be covered. Eligible members are reminded to make their own arrangement. HKSDE would not cover out-of-pocket expenses.*
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. Late submission would NOT be processed either.*
   - *A copy of the proof of attendance (e.g. attendance certificate/ name badge)*
   - *A copy of payment receipts/invoices*
   - *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 : _____