

**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 1159 on 16 Nov 23 (HKT).
2. The sponsorship application is only applicable for associate members.
3. Only economy airfare (up to HKD3,200), 5 nights of accommodation (up to HKD1,100/ night, max. 5 nights, from 5 to 10 Dec) and registration fee (~HKD3,600) would be covered. Eligible associate members are reminded to make their own arrangement. HKSDE would not cover out-of-pocket expenses.
4. 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 and 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 : _____