**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 26 May (HKT).*
2. *Only round-trip economy airfare (up to HKD 4,500), 4 nights of accommodation (up to HKD 1,620/ night, max. 4 nights, from 9 to 13 July) and registration fee (up to HKD 2,800) would be covered. Successful applicants are responsible for making their own arrangements. The Hong Kong Society of Digestive Endoscopy (HKSDE) will not cover any out-of-pocket expenses.*
3. *Please submit the following documents to the secretariat for reimbursement arrangement within ONE MONTH after the meeting. Reimbursement will NOT be processed if failing to hand in one of the following documents. Late submission will NOT be processed either.*
    - *A copy of the proof of attendance (e.g. attendance certificate)*
    - *A copy of payment receipts and invoices*
    - *A copy of bank statement showing the expenses if payments are made by credit cards*
4. *There is no guarantee of success for all applicants. Based on eligibility and equity considerations, HKSDE reserves the right to make final decisions regarding sponsorship allocation.*

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

Signature : _____ Date : _____