

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 2359 on 5 June 2024 (HKT).
2. Only economy airfare (up to HKD2,300), 5 nights of accommodation (up to HKD1,500/ night, from 24 to 29 July only) and registration fee (at the regular rate i.e. around HKD1,400) would be covered. Eligible members are reminded to make their own arrangement. HKSDE would 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 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 : _____