HONG KONG SOCIETY OF DIGESTIVE ENDOSCOPY SPONSORSHIP APPLICATION FORM

Name:		Membership : Ordinary / Associate Member
Address	s:	
		Tel :
Present	practice:	
	☐ Hospital :	Name of Hospital :
		Position:
	☐ University:	Name of University:
		Position:
	□ Clinic :	Name of Clinic :
		Position:
Name a	and date of the Meetin	ng:
Role:	☐ Speaker	☐ Presenter (Oral/ Poster presentation) ☐ Participant
 Application policies: Please submit the application form to the secretariat at hksde.secretariat@gmail.com by 2359 on 20 September 2024 (HKT). Only economy airfare (up to HKD5,000), 5 nights of accommodation (up to HKD1,300/ night, from 20 to 25 November only) and registration fee of the main congress only (i.e. USD 300 only. Registration needs to be made before 1 November) would be covered. Eligible members are reminded to make their own arrangement. HKSDE would not cover any out-of-pocket expenses. Please submit the following documents to the secretariat for reimbursement arrangement within 		