

**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 : _____ ENDO 2022, 13 to 15 May

Role : Speaker Presenter (Oral/ Poster presentation) Participant

Application policies:

1. Please submit the application form to hksde.secretariat@gmail.com **on or before 26 March 2022 (HKT)**.
2. Only the registration fee of online participation would be covered. Eligible members are reminded to make their own arrangement.
3. Please submit the following documents to the secretariat for reimbursement arrangement within **ONE MONTH** after the congress. Reimbursement would **NOT** be processed if failing to submit one of the following documents.
 - A 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 : _____