

**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 20 September 2024 (HKT).
2. Only economy airfare (up to HKD4,600), 4 nights of accommodation (up to HKD1,600/ night, from 30 October to 3 November only) and registration fee (i.e. JPY 20,000) 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)
 - 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 : _____