

**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](mailto:hksde.secretariat@gmail.com) by 2359 on 19 March 2024 (HKT).
2. Only economy airfare (up to HKD18,000), 5 nights of accommodation (up to HKD3,200/ night, from 17 to 22 May only) and registration fee 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 : \_\_\_\_\_