



香港兒科醫學會
The Hong Kong Paediatric Society

Research and Training Fund Committee Conference Sponsorship Application Form

Name of Applicant in Full

(Chinese)

Are you a paid up member of the Hong Kong Paediatric Society (HKPS) for at least 1 year?

Yes Year of Joining: _____

Current or past position in the HKPS: _____

No Sorry, you are not eligible. Thank you for your interest.

Since 1989, the Hong Kong Paediatric Society has established dedicated funding exclusively for her members to attend international conferences related to paediatric medicine.

Please read the instructions carefully before filling in the form. Please type or use block letters to facilitate processing and to minimize delay.

Master Information

1. Surname _____ ()

2. First Name _____ ()

3. Contact details:

3.1 Correspondence Address:

3.2 Correspondence Phone number: _____

3.3 Office Phone number: _____ - _____

3.4 Correspondence E-mail: _____

3.5 Correspondence Fax: _____

About your academic achievement

4. What is your present post?

5. What is your A) subspecialty of special interest and B) Years of service in that subspecialty?

6. What are your qualifications?

Qualifications	institutions	year
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About the Conference (please delete where appropriate)

7. What is the conference you are applying for sponsorship?

8. For self-initiated application, what is the nature of the proposed conference?

(please enclose a copy of programme details)

8.1 International / Local event

8.2 Date of event: from _____ to _____

8.3 Aim of the conference _____

8.4 Registration Fee: HKD _____

(Please indicate the exchange rate for payment by foreign currency: _____)

8.5 Why do you want to attend the conference?

Are you an official delegate of the society?

Yes

No

Are you invited to attend the meeting as a chairperson or speaker? (if yes, please give detail) _____

Are you presenting academic paper(s)? (if yes, please give details and enclose abstracts) _____

8.6 Special remarks

Attending the Conference (please delete where appropriate)

9. Do you plan to apply for other sponsorship? (If yes, please inform us)

10. Have you received any conference sponsorship from the HKPS over the past three years? (If yes, please give details)

11. If you are working at the Hospital Authority or the Department of Health, have you applied for an official approval for the conference leave?

Yes (please provide a copy of the approval letter)

No

Declaration

- I declare that the information I have provided in this form, and in my attachments, is correct and up-to-date in every detail.
- I understand that my application will be rejected if I provided false or misleading information
- I authorize the HKPS Research and Training Fund Committee to make any enquiry necessary to determine my eligibility for sponsorship, and to use any information supplied in this application for that purpose
- I will submit a post-congress report to the HKPS, which could be included in the Society publication.
- I agree that the decision of the HKPS Research and Training Fund Committee will be final.

Signature of Applicant

Date
