



Hong Kong Society For Coloproctology Ltd.

香港肛腸科學會
Hong Kong Society for Coloproctology

APPLICATION FOR SPONSORSHIP FOR CONFERENCE PURPOSE

I. I would like to apply for the nomination to attend the following conference:

Conference details

Conference / Course: _____

Duration with dates: _____

Venue: _____ (City) _____ (Country)

Role in Conference / Course:

Invited speaker /Officer delegate / Invited chairman / Organizer /Present abstract /

*Audience **

Others (specify) _____

Reasons for Attendance:

II. Personal details

Name: _____

Rank: _____ Department: _____

Hospital: _____

Mobile: _____

Email: _____

III. Details of the conference / meeting attended (local / overseas) in the last 12 months prior to this meeting.

(a) Total number of conference / meeting attended in the last 12 months: _____

(b) Attendance details:

(1) Date : _____ Venue : _____



Name of Conference: _____

Sponsored by: _____

Amount: _____

(Including: registration fee/ air passage/accommodation/local transportation/other item(s))

(2) Date : _____ Venue : _____

Name of Conference: _____

Sponsored by: _____

Amount: _____

(Including: registration fee/ air passage/accommodation/local transportation/other item(s))

(Please use supplementary sheet if needed.)

IV. I agree to follow the term and condition of the offer in the "Invitation to application of sponsorship" and submit a report on the attendance of the Conference / Course within one month from my return to Hong Kong.

V. I agree that no liability should be carried by this association in case of any loss or bodily injury occurring during the meeting or traveling period.

VI. I declare that the information provided in this application is true to the best of my knowledge.

Signature _____ Designation _____

Name _____ Date _____

* Delete whichever is not applicable

Please complete and return to Dr. Simon CHU by email

simonchu@surgery.cuhk.edu.hk two month on or before the date of the Conference.

Thank you.