



## Application Form for HKLF Education Fund for Overseas Conference

### A. Personal details

Name of applicant \_\_\_\_\_

Hospital/ Institution \_\_\_\_\_

Job title  Doctor  Nurse  Allied Health Professional  Others

Contact number \_\_\_\_\_ E- mail address \_\_\_\_\_

Correspondence Address \_\_\_\_\_

### B. Overseas Conference

Name of the conference  ATS  ERS  CHEST

APSR  Others \_\_\_\_\_

Date of the conference From \_\_\_\_\_ to \_\_\_\_\_

Type of sponsorship applied  Normal  Young Fellow (age  $\leq$  40)  Nurses & Allied Health

### C. Others

Have you been sponsored by the HKTS or CHEST Delegation HK & Macau for other overseas conference(s) in the same calendar year?  Yes  No

Are you taking active participation in the conference (e.g. being an invited speaker or session chair, oral or poster presentation etc)?  Yes  No

Is your application supported by your team head/ COS/ DOM/Department head?  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_