



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 ≤ 40) Nurses & Allied Health

C. Others

- Have you been sponsored by the HKTS or the CHEST Delegation Hong Kong and 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
- Are you paid up member of the HKTS/CHEST Delegation Hong Kong and Macau for the current and past 1 year? Yes No

Signature _____ Date _____

The completed application form should be sent to Ms. Leung Man Ching Melissa, at hklf.melissa@gmail.com or to Fax number 2785 3832, 2 weeks before the Executive Board meeting and at least 1 month before the date of the respective conference. Late application will not be entertained.

For membership issue, please contact the current Honorary Secretary of the HKTS or CHEST Delegation Hong Kong and Macau or visit the HKTS/CHEST Delegation Hong Kong and Macau Conjoint Website at <http://www.hkresp.com>