



Application Form for HKLF Education Fund for Overseas Conference

A. Personal Details

Job Title: Doctor Nurse Allied Health Professional Others

Name of Applicant: _____

Department: _____ **Hospital/Institution:** _____

Contact Number: _____ **Email Address:** _____

Correspondence Address: _____

B. Overseas Conference

Name of the Conference:

ATS ERS CHEST Annual Meeting Chest World Congress APSR

American Academy of Allergy Asthma & Immunology Annual Meeting

Asian Pacific Congress on Bronchology and Interventional Pulmonology

European Academy of Allergy & Clinical Immunology Congress

International Congress on Lung Transplantation

International Society for Heart and Lung Transplantation Annual Meeting and Scientific Sessions

Sleep and Breathing

World Conference Lung Cancer

World Congress for Bronchology and Interventional Pulmonology

World Sleep Congress

Others _____

Date of the Conference: From _____ to _____

Type of Sponsorship Applied: Normal Young Fellow (age ≤ 40) Nurses & Allied Health

C. Others

- Are you a paid up local member of the HKTS or CHEST Delegation Hong Kong and Macau?
 Yes No
- Are you taking active participation in the sponsored conference (eg being an invited speaker or session chair, oral or poster presentation etc)?
 Yes No
- Have you received any sponsorship from the HKLF, HKTS or CHEST Delegation HK & Macau for overseas conference(s) in the same calendar year?
 Yes No
If Yes, how many sponsorship(s) have you received in the same calendar year? _____
- Is your application supported by your team head / COS / DOM / Department head?
 Yes No

Signature: _____ Date: _____