



Application Form for HKLF Education Fund to attend Overseas Conference

A. Personal Details

Title: Professor Dr. Mr. Ms.

Firstname: _____ Lastname (Surname): _____

Department: _____ Hospital / Institution: _____

Email: _____ Tel: _____ Address: _____

B. Name of the Overseas 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 _____ **Location:** City _____ Country _____

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

C. Others

1. Are you a paid up local member of the HKTS or CHEST Delegation Hong Kong and Macau? Yes No
2. Are you taking active participation in the sponsored conference (eg being an invited speaker or session chair, oral or poster presentation etc)? Yes No
3. Have you received any sponsorship from the HKLF / HKTS / 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? _____
4. Is your application supported by your team head / COS / DOM / Department head? Yes No

Signature: _____ Date: _____

The completed application form should be sent to Ms. Leung Man Ching Melissa by email: hklf.melissa@gmail.com or by fax: 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.