



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 ≤ 40) ☐ Nurses & Allied Health Professional

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 / CHEST Delegation HK & Macau for overseas conference(s) in the same calendar year (Jan-Dec)? ☐ Yes ☐ No
If Yes, how many sponsorship(s) have you received in the same calendar year (Jan-Dec)? _____
- Is your application supported by your team head / COS / DOM / Department head? ☐ Yes ☐ No

Signature: _____ Date: _____