**Application Form for**

**HKLF Education Fund to attend Overseas Conference**

1. **Personal Details**

Title: Professor Dr. Mr. Ms.

Firstname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lastname (Surname): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital / Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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

1. **Others**
2. Are you a paid up local member of the HKTS or CHEST Delegation Hong Kong and Macau? 🞏 Yes 🞏 No
3. Are you taking active participation in the sponsored conference (eg being an invited speaker 🞏 Yes 🞏 No

or session chair, oral or poster presentation etc)?

1. Have you received any sponsorship from the HKLF / HKTS / CHEST Delegation HK & Macau 🞏 Yes 🞏 No

for overseas conference(s) in the same calendar year?

If Yes, how many sponsorship(s) have you received in the same calendar year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_