

## Application for Sponsorship

### **1. Personal Particulars:**

Name 姓名：  ( Surname 姓氏 ) ( Other name 名 )		Sex 性別: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Hospital / Department: 醫院名稱 / 部門：		Job Title: 職位：
Correspondence Address 通訊地址：		
Telephone No.: ( Office ) ( Home ) ( Mobile ) 聯絡電話： (辦公室) (住宅) (手提)		
Email Address 電郵：		Fax : 傳真號碼：
Category of membership: Life / Ordinary 會員類別：永久 / 普通		Membership Number: 會員號碼：

### **Detail of Conference/Symposium/Training**

Title: \_\_\_\_\_

Venue: \_\_\_\_\_

Duration: \_\_\_\_\_

Role in Conference/Symposium/Training:

Invited speaker / Official delegate / Invited chairman / Present abstract / Audience

\_\_\_\_\_

I agree to present at the sharing session, according to instructions from the HKCNA.

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

## **2. Approval Authority (For Official Use)**

Reason for approval / not approval:

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Other comments:

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Council member 1	Council member 2	Council member 3
Name:	Name:	Name:
HKCNA NO:	HKCNA NO:	HKCNA NO:
Signature:	Signature:	Signature:
Date:	Date:	Date:

## **3. Application for Reimbursement of Training Sponsorship**

(Please submit application to HKCNA within 4 weeks after the event)

To: Approving Authority, HKCNA

I would like to apply for reimbursement of sponsorship amount HK\$ \_\_\_\_\_

for the conference/symposium/training: \_\_\_\_\_

Expenses: (please attach the original receipt)

Item	Amount	Receipt attached Yes / No
Registration fee		
Passage to (specify)		
Accommodation		
Others (specify)		
Total		

I confirm that all the above statements are correct to the best of my knowledge.

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

**4. Approving Authority**

Council member 1	Council member 2	Council member 3
Name:	Name:	Name:
HKCNA NO:	HKCNA NO:	HKCNA NO:
Signature:	Signature:	Signature:
Date:	Date:	Date:

**5. Treasurer's Record**

Applicant ID qualified for the reimbursement.

Sponsorship HK\$ \_\_\_\_\_ has been granted.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

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

**6. Acknowledgement of Receipt of Reimbursement**

(To be completed by applicant and sent back to HKCNA)

Cheque number issued: \_\_\_\_\_

Signature of recipient: \_\_\_\_\_

Name of recipient: \_\_\_\_\_

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