

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:

Other comments:

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: _____