

香港微創外科學會 HONG KONG SOCIETY OF MINIMAL ACCESS SURGERY

Internet: http://www.hksmas.org

APPLICATION FORM FOR SPONSORSHIP/DONATION FOR CONFERENCE PURPOSE

ı	Doro	onal De	ntaile.	
l.	reis	Oliai De	etalis	
	Nam	е		
	Rani	K	Department	
	Hosp	oital		
	Mobile / Pager		ger	
	Ema	il		
II.		ils of th	ne conference / meeting attended (local / overseas) in the immediate 1-year period prior to g.	
	(a)	Total HKSN	number of conference / meeting attended during the past 1 year via MAS:	
	(b)	Attendance details:		
		(1)	Date : Venue :	
			Name of Conference :	
			Sponsored by :	
			Amount :	
			(including : registration fee / air passage / accommodation / meals / other item(s))	
		(2)	Date : Venue :	
			Name of Conference :	
			Sponsored by :	
			Amount :	
			(including : registration fee / air passage / accommodation / meals / other item(s))	

(Please use supplementary sheet if required.)



query. Thank you.

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V.	Conference details				
	Conference / Course Title				
	Duration with dates				
	Venue, City				
	Role in Conference / Course	Invited speaker / Officer delegate / Invited chairman /			
		Organizer / Present abstract / Audience *			
		Others (specify)			
	Reasons for Attendance				
V .	I agree to follow the term and condition of the offer in the "Invitation to application of sponsorship" and submit a report on the attendance of the Conference / Course within one month from my return to Hong Kong.				
√I.	I agree that no liability should be occurring during the meeting or tra	be carried by this association in case of any loss or bodily injury aveling period.			
√II.	I declare that the information provided in this application is true to the best of my knowledge.				
	O'markers	Desired tion - Outlines (Associate)			
	Signature	Designation Ordinary / Associate*			
	Name				
	* Delete whichever is not applicable	le			
		Society Secretariat, Ms Jelly Cheng, at fax 2291-1346 or by email the respective deadline. Kindly contact her at 2291-1381 for any			

Prepared on 24 Dec 2015