



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

Website: www.hksmas.org

APPLICATION FORM FOR SPONSORSHIP FOR CONFERENCE PURPOSE

I. I would like to apply for nomination to attend the following conference detailed below.

II. Personal Details

Name

Rank Department

Hospital

Mobile

Email

III. Details of the conference / meeting attended (local / overseas) in the immediate 1-year period prior to this meeting.

(a) Total number of conference / meeting attended during the past 1 year via HKSMAS:

(b) Attendance details:

(1) Date : Venue :

Name of Conference :

Sponsored by :

Amount :

(including : registration fee / air passage / accommodation / other item(s))

(2) Date : Venue :

Name of Conference :

Sponsored by :

Amount :

(including : registration fee / air passage / accommodation / other item(s))

(Please use supplementary sheet if required.)



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IV. 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.

VI. I agree that no liability should be carried by this association in case of any loss or bodily injury occurring during the meeting or traveling period.

VII. I declare that the information provided in this application is true to the best of my knowledge.

Signature Designation *Ordinary / Associate**

Name Date

** Delete whichever is not applicable*

Please complete & return to the Society Secretariat by email (hksmas1992@gmail.com) on or before the respective deadline. Thank you.

Updated in Jan 2026