

Conference Sponsorship Application Form

| Personal Details | |
|-------------------------|-------------------------|
| Name: | _____ |
| Sex: | _____ M / F _____ |
| Qualifications: | _____ |
| Place of work: | _____ |
| Address: | _____ _____ _____ |
| Email: | _____ |
| Phone: | _____ |

| | |
|----------------------------|-------|
| Name of Conference: | _____ |
| Registration fee: | _____ |
| Airfare: | _____ |
| Accommodation expenses: | _____ |

| Additional Information | |
|--|--|
| Cardiology experience: | <input type="checkbox"/> Cardiology trainee <input type="checkbox"/> Paediatrician with interest in cardiology <input type="checkbox"/> Cardiologist |
| HKSPC member since: | _____ (year) |
| Previous active participation in HKSPC activities: | _____ _____ |
| Presentation at the conference: | <input type="checkbox"/> None <input type="checkbox"/> Poster <input type="checkbox"/> Oral |
| Have you applied for other sponsorships for the same conference? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you received sponsorship from HKSPC in the past 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you an HKSPC council member: | <input type="checkbox"/> Yes <input type="checkbox"/> No |