

美國胸肺學院（港澳分會）有限公司

Application Form for Sponsorship to attend Overseas Conference

A. Personal Details

Title: ☐ Professor ☐ Dr. ☐ Mr. ☐ Ms.

Firstname: _____ Lastname (Surname): _____

Department: _____ Hospital / Institution: _____

Job Title: ☐ Doctor ☐ Nurse ☐ Allied Health Professional ☐ Others: _____

Email: _____ Tel: _____

Address: _____

B. Overseas Conference

Name of the Conference: ☐ ATS ☐ ERS ☐ CHEST ☐ APSR ☐ Others: _____

Date of the Conference: From _____ to _____ Location: City _____ Country _____

C. Others

- Have you been sponsored by the CHEST Delegation Hong Kong and Macau for other overseas conference(s) in the same calendar year (Jan – Dec)? ☐ Yes ☐ No
- Are you taking active participation in the conference (e.g. being an invited speaker or session chair, oral or poster presentation etc)? ☐ Yes ☐ No
- Is your application supported by your team head / COS / DOM / Department head? ☐ Yes ☐ No
- Are you a paid up member of the CHEST Delegation Hong Kong and Macau for the current and past 1 year? ☐ Yes ☐ No

Signature: _____ Date: _____

The completed application form should be sent to Ms. Leung Man Ching Melissa by email: chest.melissa@gmail.com or by fax: 2785 3832, 2 weeks before the Council meeting and at least 1 month before the date of the respective conference. Late application will not be entertained.

For membership issue, please send email to chest.melissa@gmail.com