



**HONG KONG THORACIC SOCIETY (LIMITED)**  
香港胸肺學會（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 HKTS 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 HTKS for the current and past 1 year?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The completed application form should be sent to Ms. Melissa Leung by email: [hkts.melissa@gmail.com](mailto:hkts.melissa@gmail.com), 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 [hkts.melissa@gmail.com](mailto:hkts.melissa@gmail.com)