



Application Form for Hong Kong Thoracic Society Education Fund for Scientific Meeting

A. Personal Details (please provide your name to be written on bank cheque)

Title: Professor Dr.
 First name: _____ Last name (Surname): _____
 Department: _____ Hospital / Institution: _____
 Email: _____ Tel: _____
 Address: _____

B. Name of the Overseas Conference

ATS ERS CHEST Annual Meeting APSR
 Others _____
Date of the Conference: From _____ to _____ **Location:** _____

C. Other information (marks are assigned for questions 2 – 5 to facilitate applicant selection if required)

	YES	NO
1) Are you a paid up local member of HKTS more than one year?		
2) Are you under specialist training? (1 mark)		
3) Are you taking active participation in the sponsored conference (eg being an invited speaker or session chair, oral or poster presentation etc)?# (4 marks) • If YES , any honorarium as a result of the active participation (YES / NO)#		
4) Over the past 3 calendar year, have you actively participated in activities organized by HKTS (eg presenter, chair, speaker, author, contributor etc)? (2 marks)		
a) Publicity events (Specify: _____)		
b) Newsletter & website related (specify: _____)		
c) Clinical meetings at Ruttonjee Hospital (Date: _____)		
d) Others _____ _____ _____		
5) Significant contributions to the operation, planning and development of HKLF, HKTS or CHEST Delegation Hong Kong and Macau (3 marks) _____		
6) Have you received any sponsorship from the HKLF / HKTS / CHEST Delegation Hong Kong and Macau for overseas conference(s) in the same calendar year? If yes, how many sponsorships have you received? _____		
7) Is your application supported by your COS / Department Head / Team Head?		

Please circle Yes / No. For speakers who are entitled for honorarium from the congress, the amount of honorarium will be deduced from the sponsored amount from the HKTS Education Fund.

Signature: _____ Date: _____