

Dr. Sydney C W Tang  
Department of Medicine  
Queen Mary Hospital  
Pokfulam  
Hong Kong  
Fax: 2872 5828

Date:

Dear Dr. Tang,

**Re: Reimbursement of Conference Expenditure**

Please be informed that I have attended the

\_\_\_\_\_ (Conference), held on

\_\_\_\_\_ (Date period). I would like to apply for reimbursement

from the Hong Kong Society of Nephrology for the expenditure incurred.

Thank you for your attention.

Regards

\_\_\_\_\_  
Name

Hospital: