Hong Kong Society of Nephrology

Application for sponsorship to attend conferences/meetings

Name of Applicant: _______________________________ Title: __________________
Unit and Institution: ____________________________________________________
Tel: _____________________________ Email: _______________________________

Status of the applicant:  *Nephrology trainee / Fellow / Others _______________
Full member of HKSN:  *Yes / No

Conference/meeting to attend: _______________________________________
_____________________________________________________________________
Date and place of the conference/meeting: __________________________________
_____________________________________________________________________

Participation:

☐ Active:  ☐ Speaker  ☐ Chairman  ☐ Oral presentation
☐ Poster presentation
☐ Passive

Number of sponsorship received from HKSN in the current calendar year: _________

Note: Applications will be reviewed by the HKSN Council for nomination of members
to attend the conference/meeting and the Council’s decision is final.

Signature __________________________   Date ____________________________

*Delete as appropriate