

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*