



# Hong Kong Society of Congenital & Structural Heart Disease

## Form I: Application for Sponsorship for Conference Purpose

Please fax or email the form to the HKCASH:  
Fax No: 2570-4773 or Email: hkcash@llink.com.hk

I. I would like to apply for sponsorship from the Hong Kong Society of Congenital & Structural Heart Disease to enable me to attend the conference with details as follows.

### II. Personal Particulars

Name .....

Office Address .....

Office Telephone/Mobile .....

Fax .....

Email .....

Membership Status Honorary Fellow/ Member/ Associate Member\*

No. of Previous Sponsorship Current Year .....

from HKCASH: Last Year .....

### III. Conference Details

Title of Conference/Course .....

Duration with Dates .....

Venue, City, Country .....

Sponsorship Amount Requested .....

(estimated) .....

Role in Conference Invited Speaker/ Official Delegate/ Invited Chairman/  
Organizer/ Present Abstract/ Audience\*  
Other (to specify) .....

Reasons for Attendance .....

IV. I agree to submit a report on attendance of the Conference within one month from my return to Hong Kong.

Signature ..... Date .....

\* Delete whichever not applicable.



# Hong Kong Society of Congenital & Structural Heart Disease

## Form II: Report of Attendance of Conference

### I. Personal Particulars

Name \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_

Office Telephone/ Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Membership Status \_\_\_\_\_ Honorary Fellow/ Member/ Associate Member\*

### II. Conference Details

Title of Conference/Course \_\_\_\_\_  
\_\_\_\_\_

Duration with Dates \_\_\_\_\_

Venue, City, Country \_\_\_\_\_

Organizer \_\_\_\_\_

No. of Delegates \_\_\_\_\_

### III. Report of Professional Interest

(Please use additional sheet if required.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Request for reimbursement has been submitted/is attached herewith/will be submitted\* to the Society.

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

\* Delete whichever not applicable.



# Hong Kong Society of Congenital & Structural Heart Disease

## Form III: Request for Reimbursement of Expenses for Conference Purpose

I. I would like to request for reimbursement of expenses for the following conference which I attended under the sponsorship of the Hong Kong Society of Congenital & Structural Heart Disease.

### II. Personal Particulars

Name

Office Address

Office Telephone/ Mobile

Fax

Email

### III. Conference Details

Title of Conference/Course

Duration with Dates

Venue, City, Country

### IV. Financial Statement

Item	Amount (HKD), please specify if not in HKD
1. Registration Fee	
2. Air ticket	
3. Hotel Accommodation	
4. Local Transportation	
<b>Total</b>	



# Hong Kong Society of Congenital & Structural Heart Disease

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## V. Bank Account Details

To facilitate the payment process, please provide below bank information for the payment.

Name of Bank	
Name of Account Holder	
Account No.	

VI. Report of the Conference for the Hong Kong Society of Congenital & Structural Heart Disease had been submitted/is attached\* herewith.

VII. I confirm that all the above statements are correct to the best of my knowledge.

Signature ..... Date .....

\* Delete whichever not applicable.

N.B.: Reimbursement will not be considered unless satisfactory report is received by the Society