



Hong Kong Society of Hepatobiliary and Pancreatic Surgery

SPONSORSHIP APPLICATION FORM

Applicant Information

Title : _____ Name : _____
(Prof/ Dr/ Mr/ Ms, etc.) Surname Given name
Membership* : ☐ Ordinary ☐ Associate Member Present practice : _____
Position & Hospital
Mobile No. : _____ E-mail Address : _____

Activity Details

I would like to apply for the sponsorship to the following activity:

1. Name : _____
2. Date : _____
3. Country : _____
4. Role* : ☐ Invited Speaker ☐ Session Chair ☐ Oral Presentation ☐ Poster Presentation
☐ Video Presentation ☐ Participant ☐ Others : _____
5. Topic : _____

**Please indicate with a "✓".*

Application and Reimbursement Policies

1. Each society member can only apply for sponsorship for ONE local, ONE overseas AND ONE virtual activity per calendar year.
2. Priority will be given to the member with active role in the activity.
3. Member may be invited to present the accepted abstract in the Society event if the sponsorship is granted.
4. Only economy airfare, registration fee and accommodation (maximum one night before and one night after the conference) would be covered.
5. Please submit the following documents to the secretariat for reimbursement arrangement after the activity:
 - a. Proof of attendance (e.g. attendance certificate / name badge)
 - b. Payment receipts/Invoices
 - c. Copy of bank statement showing the expenses if payments are made by credit cards
(Remark: Other irrelevant items can be omitted before submission)
6. The Hong Kong Society of Hepatobiliary Pancreatic Surgery (HKSHBP) reserves the discretion to revise the eligibility criteria, vary the value of the Sponsorship, or terminate the Sponsorship at any time without prior notice and without liability. In the event of any dispute or divergence in interpretation, the decision of HKSHBP shall be final and binding.

I have read through the above application and reimbursement policies and would comply with the policies once awarded the sponsorship.

Signature : _____ Date : _____

Official Use Only

Approve : Yes / No
Amount : _____
Cheque No. : _____
Date of Issue : _____

Reimbursement documents received:
☐ Proof of attendance (e.g. attendance certificate / name badge)
☐ Payment receipts/Invoices
☐ Copy of bank statement showing the expenses if payments are made by credit cards