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Hong Kong Pain Society

Hong Kong Pain Society
Conference Grant
Application Form

12TH WORLD CONGRESS ON PAIN
August 17-22, 2008, GLASGOW, SCOTLAND, UK

Family Name: ____________________________ Given Name: _____________________________

Mobile/Telephone Contact: ________________ Email: ____________________________________

Profession: _______________________________ Primary specialty/subspecialty: ____________

Correspondence Address: ____

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HKPS Member since: _____________________

Have you received a conference grant from HKSP in the last 2 years? YES / NO

Are you presenting a talk/paper/poster at the above conference? YES / NO

Are you receiving any sponsorship from other sources to this conference? YES / NO

Amount of Grant applied:
Registration fees __________________

Air-passage __________________

Others __________________

For official use only

Approved / Not approved (please circle)

Grant amount: $__________________________

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Signatures

Write in 100 words why you wish to attend this conference.