Hong Kong Pain Society
Conference Grant Invitation

EFIC Conference by IASP in Portugal or other
Overseas Conference related to Pain Management

Regular members of the Hong Kong Pain Society are invited to apply for the
cference grants to attend the above meeting. The applicants can also solicit
other international conference related to pain management and apply for this
cference grants. The grant will cover the conference registration fees and
return economy air-passage with a maximum of HKD10,000.00. Please find
attached a copy of the HKPS Conference Grant Selection Criteria and
Application Form.

Some details of the IASP conference:

**September 4-8, 2009, Beijing, China**
2009 Annual Conference of Chinese Association for the Study of Pain (IASP Chapter): A Great Union of Efforts Against Pain in China. Beijing International Convention Center, Beijing, China. Info: Dr. You WAN, Neuroscience Research Institute, Peking University, 38 Xueyuan Road, Beijing 100191, China. (Tel: +86-10-82805185; Email: ywan@hsc.pku.edu.cn or bjginghual@vip.sina.com; Web: www.casp.org.cn)

**September 9-12, 2009, Lisbon, Portugal**
Pain in Europe VI, 6th Congress of the European Federation of IASP Chapters (EFIC). Info: Kenes International, 1-3, $u de Chantepleut, PO Box 1726, CH-1211 Geneva 1, Switzerland. (Tel: +41-22-908-0488; Fax: +41-22-732-2850; Email: efic2009@kenes.com) or Ms. Carine Jaquet, EFIC Executive Secretary, Medialaan 24, B-1800 Vilvoorde, Belgium. (Tel: +32-2-251-55-10; Email: secretary@efic.org; Web: www.efic.org)

Applicants should send or fax their application to;
Secretary, Hong Kong Pain Society, c/o Pain Management Centre, Block A1, Alice Ho Miu Ling Nethersole Hospital, Tai Po or Fax no. 2666 6773
Deadline of application: 15 May 2009
Successful applicants will be notified and the results will be posted on the HKPS website on 1 June 2009.
Enquiries can be directed to Hon. Secretary Email: painsec@hkpsociety.org or Fax no. 2666 6773

Website: hkpainsociety.org.hk
Application form attached below
Family Name: ______________________  Given Name: ______________________
Mobile/Telephone Contact: ___________  Email: ________________________
Profession: ________________________  Primary specialty/subspecialty: ______
Correspondence Address: ______________________________________________
______________________________________________________________________
HKPS Member since: ________________
Have you received a conference grant from HKSP in the last 2 years?       YES / NO
Are you receiving any sponsorship from other sources to this conference?   YES / NO
Amount of Grant applied:

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<td>Registration fees</td>
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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 (pls type).