



香港醫務化驗學會有限公司

Hong Kong Institute of Medical Laboratory Sciences Ltd.

Formerly Hong Kong Medical Technology Association (Founded 1966)

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Sponsorship Application Form

2015 華人檢驗醫學會議

9th ~12th September 2015 in Nanjing, PRC

Name: _____ 姓名: _____

Organization: _____

Address: _____

Tel no: _____ Mobile Phone no: _____

Email: _____ HKIMLS membership number: _____

Year of Membership: _____ (*must be ≥ 1 to be eligible for any sponsorship*)

Sponsorship type eligible (% subsidy):

Member (60%)

Liaison Officer (70%)

Note: Incomplete application will not be considered.

Remarks:

- **Deposit:** Member should make a deposit i.e. HK\$ 4,700.00 by crossed cheque made payable to "Hong Kong Institute of Medical Laboratory Sciences Ltd." Post-dated cheque will not be accepted.
- **Insurance:** Members are responsible to their own travel insurance. HKIMLS holds no responsibility to that matter.
- Please complete this form and mail together with the crossed cheque to HKIMLS office. Successful applicants would be informed on or before 19th August 2015. **Application deadline is 9th August 2015.**

Declaration:

All information submitted therein is true and correct. I agree to the terms and conditions stated above. I fully understand the outcome of my application would be at the sole discretion of HKIMLS.

Signed: _____

Date: _____ Cheque no: _____