



Nomination of Society Representatives for Attendance of Conference / Course / Workshop

The Society may nominate its members to attend conference, course or workshop, depending on the availability of sponsorship. Interested members please complete this application form and submit it before the next council meeting for consideration. An administrative fee of HK\$500 will be charged for successful application.

A. Personal Data

| | | | |
|-----------------------|---|-------------|-------|
| Name: | _____ | in Chinese: | _____ |
| Membership Status: | Full Member / Associate Member* | | |
| Type of Request: | Nomination Alone / Nomination Plus Financial Support* | | |
| Field of Interest: | _____ | | |
| Position/Institution: | _____ | | |
| Office Address: | _____ | | |
| Office Telephone: | _____ | Fax: | _____ |
| Email Address: | _____ | | |

B. Details of Proposed Visit

| | | | |
|---|-------|-------|--|
| Name of Institution / Course / Conference / Workshop*: | _____ | | |
| Dates and Duration: | _____ | | |
| Purpose of Visit: | _____ | | |
| Amount of Fund Applied for : | _____ | | |
| (Complete this section IF financial support requested; RECEIPTS are needed for reimbursement) | | | |
| a. Registration Fee: | HK\$ | _____ | |
| b. Return passage: | HK\$ | _____ | |
| c. Accommodation: | HK\$ | _____ | |
| d. Meals & Transportation: | HK\$ | _____ | |
| e. Others: | HK\$ | _____ | |
| Total: | HK\$ | _____ | |

Official Use

| | | | |
|--------------------------|-------|-----------------------|-------|
| Date of Council Meeting: | _____ | Date of Notification: | _____ |
| Approved by: | _____ | _____ | _____ |

*Delete as appropriate

Please submit the completed form to: Prof Vincent Mok, Hon. Secretary, The Hong Kong Movement Disorder Society Company Limited, c/o Department of Medicine and Therapeutics, Prince of Wales Hospital, Shatin, Hong Kong
Completed form can also be submitted to other Council Members.