



香 港 麻 醉 科 學 會

THE SOCIETY OF ANAESTHETISTS OF HONG KONG

Conference & Research Grant Application Form

To:

Dr Timmy Chan, Honorary Assistant Secretary, SAHK
c/o Department of Anaesthesia, Queen Mary Hospital,
102 Pokfulam Road, Hong Kong.

Name of Applicant:	
Sex : Male / Female	Email :
Tel: (Home)	(Office/Mobile)
Hospital Affiliation:	
Home Address:	
Professional Qualifications (with dates):	
Years of SAHK Membership :	From To
Name of Conference:	
Venue of Conference:	
Date of Conference:	
Conference Registration Fee :	
Amount of Grant applied:	
Any other funding applied for or approved for the conference (<i>If yes, please give details</i>):	
Signature of Applicant:	
Date:	