

Application Form for Training and Research Fund

Title: Mr/ Ms/ Mrs		
Name: (English)		(Chinese)
HKNAG Membership No.:	Number of Years of Membership:	
Organization/ Hospital:		
Department:	Position:	
Correspondent Address:		
Telephone: (Home)	(Office)	(Mobile)
Fax:	E-mail:	
HA Intranet-Mail if A/V:		
Contribution to the "HKNAG" (e.g. council Member, giving lectures, presentation, participation)		
Yes	No	Nature of Contribution:
Nature of Course/ Research/ Congress/ Training Organization:		
<i>(Please attach additional information)</i>		
Apply Sponsorship Amount:		
Signature of Applicant:	Date:	