

1. Education Funds

- (a) Donations/unrestricted grants from outside sources such as pharmaceuticals designated for educational purpose or towards sponsoring our members in attending a particular local or international educational event (e.g. conference or short courses) related to asthma and allergy.
- (b) HKIA shall decide on whether or not the concerned educational events are appropriate.
- (c) HKIA shall decide whether the full cost or a ceiling cost would be offered to an applicant. The sponsored items would include round trip basic economy air ticket, conference registration and associated course fees, standard hotel accommodations. Other costs such as telephone bills, laundry, mini-bar and other room service expenses, non-breakfast meals and ground transport would not be included. For local events, only conference registration and associated course fees would usually be covered.
- (d) HKIA would not entertain requests on topping up of sponsorships that applicants have already received.

2. Eligibility for Application

- (a) HKIA member with membership for more than 6 months.
- (b) Each applicant is only permitted to receive such sponsorships once a year.

3. Handling Procedure

- (a) Applications should be submitted to our Secretariat with completed application forms at least 8 weeks before the educational event to allow time for processing.
- (b) The applications would be vetted by a Vetting Committee.
- (c) The decision would be based on a scoring system (below) if applications exceed available quota(s)/funds.
- (d) Notifications via letters or e-mails would be issued to the successful applicants from the HKIA Secretariat, with at least 4 weeks before the educational event.

4. Scoring System

The following factors would be considered in the prioritization of sponsorship applications.

- (a) Appropriateness and relevance of the educational event to asthma and allergy.
- (b) Active participation (e.g. poster/oral presentations, giving lectures, chairpersons) in the educational event.
- (c) Active contributions to HKIA activities in the past.
- (d) Trainee status, particularly in a practice related to allergy.

5. Reimbursement

The applicant will be reimbursed against the invoices of the pre-approved items up to the total amount approved earlier. The relevant item(s) on bank / credit card statement(s) revealing the prevailing foreign currency exchange rate(s) of the spending(s) would be required, if necessary and applicable. The applicant is also required to submit a copy of the conference/course attendance certificate together the submission of the request for reimbursement.

6. Other Details

- (a) The successful applicants should be aware of and follow the prevailing rules and regulations related to acceptance of sponsorship in his/her place of work.
- (b) HKIA would only support basic economy air travel. Successful applicants should observe the prevailing regulations if they are working in the public sector.
- (c) HKIA would only support standard accommodation (i.e. standard guest rooms) Successful applicants should observe the prevailing regulations if they are working in the public sector.
- (d) The successful applicant is only nominated by the Institute to attend the conference and is not authorized to undergo other tasks (e.g. signing agreements with other third parties) on behalf of the Institute.
- (e) The Institute shall not be liable and responsible for any activities of the applicant for attending the educational event and the applicant is advised to purchase appropriate insurance before the trip.
- (f) If the successful applicant is unable to attend the educational event, as a general policy, the Institute would not sponsor any expenses incurred by the applicant, subject to special considerations on a case-by-case basis.

Personal Details	
Name of applicant (in block letters):	
Post/Grade:	
Department:	
Hospital/Institute:	
Status: Trainee / Specialist (<i>please delete</i>)	
Subspecialty:	
Correspondence address:	
Tel:	Mobile:
Fax:	Email:
Event Details	
1. Educational event	
Event Name:	_____
Date:	_____
Organizer:	_____
Venue:	_____
2. Nature of participation in the programme (Passive / Active*) (<i>please delete</i>)	
*Please specify:	_____
3. Sponsorship from HKIA to participate conference in the past 12 months	
(Yes / No) (<i>please delete</i>)	
4. Past contribution to HKIA activities (Yes** / No) (<i>please delete</i>)	
**Please state:	_____
5. Sponsorship from other sources to attend this conference (Yes*** / No) (<i>please delete</i>)	
***Please state:	

Signature of Applicant: _____

Date: _____