



Sponsorship on Emergency Nursing 2019

29 September – 2 October 2019 | Austin | Texas, USA

The Hong Kong Emergency Nurses Association (HKENA) would like to invite all interested ordinary members to apply for sponsorship on Emergency Nursing 2019 that will be held in the Texas, USA on 29 September – 2 October 2019. You may refer to the website on <https://www.ena.org/events/emergency-nursing-2019> for the information and registration details.

Details of the sponsorship:

1. Obligations and responsibilities of attendant to successful sponsorship:
 - 1.1 Write up a post-conference report in the HKENA newsletter OR
 - 1.2 Share the conference activities in HKENA seminar if being invited AND
 - 1.3 Acknowledge HKENA as a source of funding in the presentation.
2. Applicant must be an ordinary member who is a paid-up ordinary member on or before 30 July 2019
3. Full registration fee sponsor to applicant who is first author of successfully accepted for poster presentation or oral presentation by the organizing committee.
4. Half sponsorship of full registration fee for each ordinary member.
5. Double sponsorship from other organizations will render the application ineligible.
6. A selection process will be conducted if the quota is exceeded.
7. Final decision of selection rests with the HKENA council.
8. Deadline for application is on or before 15 September 2019.
9. Application method: post to HKENA "P.O. Box 70122, Kowloon Central Post Office, Hong Kong" with the personal particulars be filled in the below form.
10. For applicants with accepted presentation(s), please also provide the presentation topic(s) & abstract(s).
11. Documents for reimbursement are subjected to the presentation of original receipts and certified true copy of attendance certificate.

Yours faithfully,

Mr. LEUNG Chun Pong

President of Hong Kong Emergency Nurses Association

1 August 2019

To: Hong Kong Emergency Nurses Association

Re: Application for sponsorship to attend Emergency Nursing 2019, Texas, USA.

I would like to apply for sponsorship of above conference and understand the conditions for application.

Full Name	
Membership number	
Department / Hospital	
Contact phone number	
Correspondence Email	
Applicant's signature	
Date	