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Dear Fellow Members,

The HKCEN is inviting applications for sponsorship for the International Forum on Quality and Safety in Healthcare - Singapore 2025 that will be held Aug 13 to 15, 2025. For information and registration details, please refer to the website at <https://internationalforum.bmj.com/singapore/>.

Details of the sponsorship:

1. Applicants must be **valid HKCEN Fellow Members for the 2024-2025** term.
2. A **lump sum of up to HKD 10,000** will be sponsored for applicants who successfully apply and fully attend the conference in person.
3. This sponsorship includes a **maximum of 5 quotas** covering *expenses for the conference registration fee, transportation (including air tickets and transfers to and from the hotel and conference centre), and accommodation*. Please note that if total expenses exceed HKD 10,000, only the maximum amount of HKD 10,000 will be provided, and applicants will be responsible for any remaining costs.
4. **Double sponsorship from other organizations will render the application ineligible.**
5. If the number of applications exceeds the quota, a selection process will be conducted.
6. The final decision on selection rests with the HKCEN Council.
7. The deadline for sponsorship applications is **on or before June 11, 2025**.
8. Application method: **Email the completed application form** to the HKCEN secretary at **zoenglh@gmail.com**, ensuring that the correct personal particulars are filled in on the reply slip clearly.
9. **Reimbursement documents** must include **original receipts** and a **certified true copy** of the **attendance certificate**, along with details of the relevant expenses, and must be **submitted within one month after the conference**. Late submissions will not be processed.

Regards



Ms Leung Yuen Fan, President
14 Apr 2025

Reply Slip

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

- International Forum on Q&S in Healthcare, Aug 13-15, 2025
 Proof of the successful application

Name and signature of applicant: _____

Membership number: _____

Email address: _____

Contact phone number: _____

Date: _____