

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

**Young Fellows Committee
Academic Travel Subsidy for Young Fellows
APPLICATION FORM**

Personal Particulars

Name: (English) _____(Chinese) _____

Correspondence Address: _____

Contact Number: _____ Email Address: _____

Proposed Event

Name of Event:

(Please enclose a preliminary programme)

Location (City, Country): _____

Duration (Start Date to End Date): _____

Other source of subsidy (if applies): _____

Declaration

- I confirm that I am a Young Fellow (Age ≤ 40) on the day the applications close.
- I have not received any subsidy sponsorship from HKCOS within 12 months prior to the closing date of application.

I understand that any dishonesty or false representation will lead to disqualification.

Signature of Applicant: _____ Date: _____