



The Hong Kong College of Orthopaedic Surgeons 香港骨科醫學院

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

Guidelines on

Sponsorship of Food and Beverages for Saturday Inter-hospital Meeting

Introduction

Saturday inter-hospital meeting is a weekly academic meeting among the orthopaedic fraternity in Hong Kong. It provides a platform for the local orthopaedic surgeons to meet each other in a regular basis. Light breakfast is served before the academic meeting to facilitate communication among colleagues from different hospitals. During the meeting, clinical cases of educational value are presented, literature reviews are delivered and fruitful discussions are generated.

The College Council recognizes the importance of Saturday inter-hospital meeting as a mean of social gathering and academic sharing among the local orthopaedic society. To encourage participation of fellows and trainees, the College Council decides to provide sponsorship to the hosting unit to support expenditure of food and beverage of the breakfast in an on-request basis.

Guidelines

1. The eligible applicant of the sponsorship is the chairperson (or the delegate) of Saturday inter-hospital meeting as listed in the 6-monthly "Schedule of Saturday Inter-hospital meeting" prepared by HKCOS. These include representatives of orthopaedic department of HA hospital and subspecialty chapter of HKOA.
2. The host chairperson or organizer is required to submit an application for the financial sponsorship **ONE WEEK** prior to the date of the Saturday Inter-hospital Meeting and send to the Education Committee (c/o Secretariat) through email (hkcoss@hkcoss.org.hk)
3. Provision of maximum HK\$2,500 for sponsorship of each meeting.
4. The application will be acknowledged by the Secretariat on behalf of the Education Committee.
5. Once confirmed, the sponsorship by the College should be indicated on the poster or relevant materials for information.
6. The host chairperson or organizer should be responsible for catering order and payment in advance.
7. Receipted claims should be submitted, by filling in the College's reimbursement form and be supported by original invoice / receipt and attendance record sheet to the Education Committee (c/o Secretariat), after the meeting within two weeks.
8. Payment will be made if the documents are vetted with satisfactory.

November 2015

Revised July 2018, endorsed by Council 9 July 2018

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THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

APPLICATION FORM FOR SPONSORSHIP OF FOOD AND BEVERAGES FOR SATURDAY INTER-HOSPITAL MEETING

To: HKCOS Education Committee c/o College Secretariat
(By fax: 2873 4077 or By email: hkcoss@hkcoss.org.hk)

PART A – Information of Saturday Inter-hospital Meeting

(To be completed and submitted by the applicant before ONE WEEK of the meeting)

Date		Applicant Name and Signature	
Venue			
Host		Contact Email / Fax No.	
Name of Host Chairperson		Application Date	

PART B – Acknowledgement (To be completed by the College)

For College Use Only | Our Ref:

Checked by

Authorised Signature and College Chop

To: Applicant

- This is to acknowledge receipt of your application for Sponsorship of Food and Beverages for the above Saturday Inter-hospital Meeting and it is **ACCEPTED**.

Notes:

1. Provision of maximum HK\$2,500 for sponsorship of each meeting.
2. "Breakfast sponsored by HKCOS" should be indicated on the poster or relevant materials for information.
3. The host chairperson or organiser should be responsible for catering order and payment in advance.
4. Receipted claims should be submitted, by filling in the College's reimbursement form (i.e. Part C) and be supported by original invoice / receipt and attendance record sheet to the Education Committee (c/o Secretariat), after the meeting within two weeks.
5. Payment will be made if the documents are vetted with satisfactory.

- We regret to inform you that your application for Sponsorship of Food and Beverages for the above Saturday Inter-hospital Meeting is **NOT ACCEPTED**.

PART C – Reimbursement

(To be completed and returned by the applicant to the College Secretariat after the meeting within two weeks)

For College Use Only

Received on

Checked by

Approved by

Applicant Name		Total Amount Reimbursed	HK\$
Description	<i>(Please specify no. of receipts attached)</i>		
Payee Name	(in BLOCK letters)		
Mailing Address			
Applicant Signature		Date	

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