



HKSSM Sponsorship of World Sleep Congress, Singapore
(5-10 Sep 2025)

APPLICATION FORM

Personal Particulars:

Name (English): _____ Name (Chinese): _____

Age: _____ Gender: M/ F

Email: _____ Tel: _____

Mailing address: _____

Work Position: _____ Specialty: _____

Professional qualification: _____

Department/ Unit: _____

Work Institution: _____ (Public / Private)

HKSSM Membership:

Full (Doctor)

Associate (Nurse/ Allied Health/ Sleep Technician/ Others: _____)

1. Have you ever received any sponsorship from HKSSM? Yes/ No
2. Have you submitted for any poster or oral presentation in the coming World Sleep Congress? Yes/ No

This form should be completed and returned to Ms. Annie Hung, Secretariat of Hong Kong Society of Sleep Medicine, c/o The Federation of Medical Societies of Hong Kong, 4/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, Hong Kong or by email annie.hung@fmshk.org on or before **15 Feb 2025**.