

SINGAPORE SOCIETY OF PATHOLOGY

**GUIDELINES FOR THE APPLICATION FOR CONFERENCE SPONSORSHIP**

1. Consideration of conference sponsorship will only be given to members of the Singapore Society of Pathology. To be eligible, applicants must have been an ordinary or associate member of the Society for at least ONE (1) year. Applicants are required to be current with their subscription fees and should settle any of such fees and unpaid monies due to the Society before any application can be considered.

2. The Application for Conference Sponsorship can only be made on forms obtainable from the Society’s website. The deadline for submission is at least TWO (2) months before the date of the meeting/conference. Submission is to be made to the Society’s Secretariat and any application received less than two months prior will not be considered.

3. For the fair and judicious award to all members, no applicant will be considered for sponsorship for more than once in every TWO (2) Financial Years (FY) except under special circumstances as determined by the Society’s Council. A Financial Year (FY) is from the 1st of January to 31st of December.

4. Financial assistance in the form of conference sponsorship can only be given to members presenting a poster or a platform presentation at major scientific meetings.

5. Awardees cannot be recipients of funds from any other sources without having prior written agreement of the Society’s Council. Infringement of this policy may result in the withdrawal of financial assistance previously awarded.

6. The Society shall, upon successful application, support up to a maximum of S$2,000 and S$1,000 for meeting held in countries outside the ASEAN region and the ASEAN region respectively. This financial assistance may include part or full return airfare and registration fees (in part or whole) if applicable.

7. Documents required for reimbursement to applications are as follows: -

(a) Abstract of the poster/presentation;

(b) Certificate of Attendance;

(c) Proof and receipts of air ticket purchase (if needed); and

(d) Receipts for conference registration

8. The Council may grant up to two (2) awards per financial year (FY) from 1st January to 31st December, based on a first-come-first-served basis.

9. The decision of the Council is FINAL.



SINGAPORE SOCIETY OF PATHOLOGY

**APPLICATION FOR CONFERENCE SPONSORSHIP**

Note: Please complete and submit this form to the SSP Secretariat ([sspsecretariat@gmail.com](mailto:sspsecretariat@gmail.com)) at least two (2) months before the date of the meeting. **Please read the guidelines for the application before submission. Incomplete applications will not be considered.**

**SECTION 1: (To be completed by Applicant)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Appointment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date admitted as member of SSP: \_\_\_\_\_\_\_\_\_\_\_ Type of membership: Ordinary / Associate

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Conference** (Please attach brochure)

|  |  |  |
| --- | --- | --- |
| Name of Conference | Venue (city/country) | Period (DD/MM/YY) |
|  |  | From |
| To |

**Details of Poster or Platform Presentation:**

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of co-author(s), if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abstract has / has not been accepted for presentation at conference.

*(please attach letter of acceptance or copies of relevant correspondence)*

Total fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (inclusive of GST in SGD)

*(please attach receipts for conference registration and air ticket)*

Conference registration fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Airfare cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total fees for sponsorship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (inclusive of GST in SGD)

**Details of Conferences attended and supported by the Singapore Society of Pathology in the last five (5) financial years (1st January to 31st December):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Conference name | Venue (city/country) | Period (DD/MM/YY) | | Amount granted (SGD) |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |

**Financial Assistance:**

If you have **first** applied or **are applying** for financial assistance from other sources outside the Society:

|  |  |  |
| --- | --- | --- |
| ☐Yes | | ☐No |
| If yes, please state: | Amount (SGD): | |
| Source | | |
| Extent of Support (registration fees, air ticket, per diem allowance, etc) |  | |

Confirmation:

I confirm the information submitted is correct. I declare by signing that I have not and will not be receiving any other sources of financial assistance for the trip.

Name & Signature Date

**SECTION 2: To be completed by the Council**

We support / do not support the application for conference sponsorship.

Amount to be granted (SGD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature Date