



## **LUNG FOUNDATION OF MALAYSIA TRAVEL GRANT**

The Lung Foundation of Malaysia is pleased to invite applicants to apply for travel grant to attend the Annual Congress of the Malaysian Thoracic Society (**MTS 2013**) to be held at **KL Hilton Hotel, Kuala Lumpur from 14-16 June 2013**.

To qualify for this grant, the applicants must present a scientific paper either oral or poster presentation in any field of respiratory medicine. Proof of acceptance of the presentation by the organizing committee is required. The applicants need not be a member of MTS. The offer is open to all health-care providers including doctors, medical students, research fellows, nurses and paramedics..

Applicants should not receive any financial support from other sources for the purpose of attending the conference.

All applications must reach the Lung Foundation's office by 20<sup>th</sup> May 2013.

### **Sponsorship Structure**

<b>Tier 1</b>	Kuala Lumpur, Putrajaya and Selangor - registration fee only
<b>Tier 2</b>	Negeri Sembilan, Melaka, Pahang, Johor and Perak - registration fee + RM1,000 (travel assistance and hotel accommodation)
<b>Tier 3</b>	Penang, Terengganu, Kelantan, Kedah and Perlis - registration fee + RM1,500 (travel assistance and hotel accommodation)
<b>Tier 4</b>	Sabah, Labuan and Sarawak - registration fee + RM2,000 (travel assistance and hotel accommodation)

The Lung Foundation of Malaysia reserves the right to decide on the appropriate quantum of reimbursement.

Please send in your application before **20<sup>th</sup> May 2013** to LFM Office at:

Office Suite 2-3, 2<sup>nd</sup> Floor, Medical Academies of Malaysia, 210, Jalan Tun Razak, 50400 Kuala Lumpur by 15<sup>th</sup> May 2012.

Applicants could also send the completed form to :

[lungfoundation@gmail.com](mailto:lungfoundation@gmail.com).

**LFM TRAVEL GRANT 2013- APPLICATION FORM**

Name :.....

Position :.....

Office Address :

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Tel:..... Email : .....

Title of presentation (s)

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Involvement in LFM/MTS Congress 2013:

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Financial assistance from other body/bodies:

Name :

Amount:

I certified that the above information is accurate:

Signature:.....

Date:.....