**MTS Education & Travel Grant**

*for* **APLCC 2014**

The Malaysian Thoracic Society will provide assistance to its members to attend the Congress.

###### Terms & Conditions

1. Applicants must be a MTS member.
2. All members (except the respiratory trainees) are only entitled to receive the “Education & Travel Grant” once per year from the Society. The trainees are allowed to receive twice a year.
3. Priority will be given to applicants who are invited as a chairperson or are taking part in the oral or poster presentation.
4. The claims for reimbursement should be supported by **original** travel and hotel receipts.
5. Applicants must also declare all other financial supports received to attend this congress (*if relevant*).
6. The submission of reimbursement claim must be made not later than 30 days after the conclusion of the event.

**Sponsorship Structure**

|  |  |
| --- | --- |
| Tier 1 | Kuala Lumpur, PutraJaya and Selangor- registration fee only |
| Tier 2 | Negri Sembilan, Melaka, Pahang, Johor and Perak- registration fee + up to RM1,000 (travel assistance and hotel accommodation) |
| Tier 3 | Penang, Terengganu, Kelantan, Kedah and Perlis- registration fee + up to RM1,500 (travel assistance and hotel accommodation) |
| Tier 4 | Sabah, Labuan and Sarawak- registration fee + up to RM2,000 (travel assistance and hotel accommodation) |

\* Hotel accommodation: limited up to RM 300/night

\* Reimbursement for road travel is at the rate of RM 0.5 per km + toll charges.

The Council of the Malaysian Thoracic Society reserves the right to decide on the appropriate quantum of reimbursement.

**Closing Date: 6 Oct 2014**

 **MTS EDUCATION & TRAVEL GRANT**

**APLCC 2014**

**Shangri-La Hotel**

**6 - 8 Nov 2014**

*\*(all items below must be filled)*

Name: …………………………………. MTS Member since …………

Position: ………………………………………………………………………………

Office Address: ……………………………………………………………………...

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

Involvement in APLCC 2014: ………………………………………………

Involvement in past MTS activities:....………………………………………………

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Financial assistance from other body/bodies:

Name:

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Amount:

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I certify that the above information is accurate.

Signature: ………………………………. Date:………………………………

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