

**UNITED COLLEGE
THE CHINESE UNIVERSITY OF HONG KONG
2025-2026**

Application Form for International Conference Grant Scheme (1st Round)

1. Particulars of the Applicant

Name	Staff ID No.	Department / Institute / Unit
<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms		
Telephone: _____ Fax: _____ Email: _____ Year of Admission: _____		

2. Details of the Conference

Title of the Conference _____
(In English)

(In Chinese)
(Please translate for publication purpose)

Venue _____ (City) _____ (Country)

Conference Start Date: _____ (DD) _____ (MM) _____ (YY) End Date: _____ (DD) _____ (MM) _____ (YY)

3. Details of the Paper(s) / Poster(s) to be Presented

(Please provide evidence of acceptance from the conference organizer and abstract of the paper)

Title(s) of the Paper(s) / Poster(s): _____

The paper(s) / poster(s) will be presented by: _____

4. Estimate of Conference Expenses (Please enclose full details from the conference organizer, together with quotations/invoices/receipts of all conference expenses)

Exchange rate used: _____

<i>Item(s)</i>	<i>Estimated Cost (HK\$)</i>	<i>Amount of Support from Other Source(s) (HK\$)</i>	<i>Source</i>	<i>Amount Requested from this Scheme (HK\$)</i>
Registration Fee			* <input type="checkbox"/> CUHK <input type="checkbox"/> Dept	
Travel			* <input type="checkbox"/> CUHK <input type="checkbox"/> Dept	
Accommodation			* <input type="checkbox"/> CUHK <input type="checkbox"/> Dept	
Total Amount (HK\$)				

* Please tick the appropriate

5. If the extent of support from your Department or the University is not indicated above, please explain why you have not applied for conference grants from your Department or the University.

6. Previous Conference Grants Obtained from the College

<u>Title of the Conference(s)</u>	<u>Period</u>	<u>Amount Approved</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

7. Applicant's Signature

Signature: _____ Date: ____ (DD) ____ (MM) ____ (YY)

8. Endorsement by Chairman of Applicant's Department/Institute/Unit

Name: Prof Dr Mr Ms _____

Signature: _____ Date: ____ (DD) ____ (MM) ____ (YY)
