

E ____ - ____ -Y12- ____

Event Registration Form

To the organiser :

Organizer : _____ Email : _____ Fax : 2618 4500 Tel : 2690 3899

Supporting Organization(s): _____

Event date & time : _____

Event name: _____

Applicant's details :

Last Name (Mr/Ms/Ir/Prof/Dr): _____ First Name: _____
(Please provide FULL name if CPD Cert. is required)

Association: CCPDC / HKIUS Membership Class & No.: _____
(Please delete the appropriate)

Company Name: _____ Position: _____

Contact Address: _____

Tel: _____ Fax: _____ Mobile: _____

Email: _____

Do you need a CPD Certificate? Yes No (if yes, please select payment method)

Payment for CPD certificate (if required) :

- Free of charge for supporting organization, HKIUS, CCPDC Elected Member and Full Time Student Member.
- Otherwise, Administration fee \$100 will be charged per each certificate

Please select your **Payment Method** :

Cheque:

Payable to :

Sent to "Unit 209, 2/F., Favor Industrial Centre, 2-6 Kin Hong Street, Kwai Chung, N.T."

Bank deposit:

Bank of account:

Account number:

Please fax the pay-in-slip to 2618-4500 or email the scanned image to info@uti.hk at least one week before the event date. A confirmation letter will send to your email once we received your pay-in-slip or cheque.

Remarks: _____

Important Note:

I sign below to confirm my consent to follow any and all safety instructions given by the organiser(s) and/or the owner of the premises/sites and to well equip myself with necessary safety gear for participation in the event. I understand that neither the Institution nor the parties concerned would accept any liability in connection with the above events.

Signature: _____ Date: _____