

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](mailto: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: \_\_\_\_\_