

QPFMA 2014 Finalist Presentation to Judging Panel cum CPD Conference Registration Form

Date : 2nd August 2014 (Saturday)
Time : 9:00am – 5:00pm
Venue : Chiang Chen Studio Theatre
 The Hong Kong Polytechnic University

(Please fax or email this form on or before **25 July 2014**, fax: 2372-0490 / E: annie.chong@creativegp.com)

Name (Mr./Mrs./Ms. /Prof./Dr.): _____

Company: _____

Position: _____

Address: _____

Tel: _____ Fax: _____

* E-mail: _____ *(For sending confirmation)*

Registration Fee

(Please tick "✓" as appropriate)

Category	Registration Fee
Standard Admission	<input type="checkbox"/> HK\$ 600 / person
Student Admission	<input type="checkbox"/> HK\$ 150 / person

Notes:

- * The Conference is designed for 5 CPD hours. An attendance certificate will be provided at the end of the Conference.
- * Registration is based on first-come-first-served basis.
- * Registration fee includes two refreshments. Lunch will be at participants' own arrangement.
- * NO REFUND will be made for cancellation.
- * The Organizer reserves the right to reschedule or cancel the conference at its discretion.
- * The Organizer reserves the right to change the Conference programme without prior notification.

Organisers:

* Should adverse weather condition prevail on the designated days of the Conference; the Secretariat Office will notify you via email within reasonable period of time.

Payment Methods

1. By Cheque

Please complete the registration form and return it together with a crossed cheque made payable to **“Surveyors Services Ltd”** addressed to:

*QPFMA2014 Secretariat Office
Room 1106-08, C.C. Wu Building, 302-308 Hennessy Road, Wanchai, HK
Attn: Ms. Annie Chong*

2. By Credit Card

- Please charge my HKIS Visa Platinum/Gold MasterCard (**Shanghai Commercial Bank Limited**) as follows:
- Please charge my **American Express** Credit Card as follows:

Payment Instruction for HKIS Event Ref.: [_____]

To: Credit Card Service Department

I would like to pay the reservation fee HK\$ _____ to Surveyors Services Limited by charging my Credit Card account as follows:

Cardholder Name: _____ HKIS No. _____

Card No. | | | | - | | | | - | | | | - | | | |

Expiry Date: ____/____

Cardholder's Signature: _____ Date: _____

For Bank Use Only

Approved by: _____ Date: _____

A confirmation notice will be sent to you by e-mail upon receiving your completed form.

Contacts of QPFMA2012 Secretariat Office (Conference):-

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Mobile: +852 6233 2885	Mobile: +852 9818 5050
Email: annie.chong@creativegp.com	Email: adrian.lee@creativegp.com

Organisers: