

## Registration Form

Name: (Prof/Dr/Mr/Ms) \_\_\_\_\_  
(First Name) (Surname)

CRPD Membership No (if applicable) \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Registration

I would like to register for the following CPD course :

Name of Course : \_\_\_\_\_

Date : \_\_\_\_\_

**Payment Method (please "√" as appropriate) :**

Cheque

I enclose a crossed cheque no \_\_\_\_\_ for the amount of HK\$ \_\_\_\_\_ payable to "Centre for Research & Professional Development".

Visa

Master

Credit Card Number (16-digit): \_\_\_\_\_ and Security Code (3-digit): \_\_\_\_\_

**All the 19-digit card numbers must be provided.** (as shown at the back of the card)

Cardholder Name (as embossed on the card face) : \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Authorized Amount: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

(please sign as on the back of your credit card)

Date : \_\_\_\_\_

Please complete the form and return it together with appropriate payment to the

### Centre for Research & Professional Development

Room 2108 Kimberland Centre, 55 Wing Hong Street, Kowloon, Hong Kong

Tel : 2796 1638; Email : [info@crpd-hk.com](mailto:info@crpd-hk.com); Web Site : [www.crpd-hk.com](http://www.crpd-hk.com)