

I plan to attend the CHE workshop scheduled on 28-31 December 2005, hosted by The Hong Kong Polytechnic University's School of Hotel & Tourism Management.

PERSONAL DATA (Please type or print clearly.)

NAME (Mr./Ms.)		
Home Mailing Address		
Phone ()	Fax ()	email:

ACADEMIC EXPERIENCE

Total number of years employed as a hospitality educator:

PRESENT POSITION	From	/	To	/
Institution				
Mailing Address				
Phone ()	Fax ()	email:		

INDUSTRY EXPERIENCE

Total number of years employed in the hospitality industry:

POSITION	From:		To:	
Company/Property				
Mailing Address				
Phone ()	Fax ()	email:		

FEE/PAYMENT

The full tuition fee for the CHE program is US\$1,000 (HK\$7,800). Please make cheque payable to 'The Hong Kong Polytechnic University'. Your cheque or credit card information must accompany this completed registration form.

Payment: My cheque is enclosed.
 Please bill my credit card: Visa MasterCard

A/C Name.: _____ Signature: _____

A/C No.: _____ Expiry Date: _____

CERTIFICATION AGREEMENT

With this application, I am applying for candidacy status for the Certified Hospitality Educator (CHE) program and submitting the requested documentation, which includes a current resume. In submitting this application for the Certified Hospitality Educator program, I acknowledge that the information I have provided is accurate. I hereby give the Education Institute permission to make a thorough investigation of my past employment, education, and professional development activities, and I release from liability all persons and companies supplying such information. I indemnify all persons I have listed in this application against any liability which might result from such an investigation.

In addition, I further agree to hold the Education Institute and its Certification Commission harmless from any and all liability in the event this application is rejected on the basis of the information furnished to the Educational Institute by me or third persons which would, in the judgment of the Educational Institute, make me ineligible for certification. I agree to accept the Certification Commission's decision as to my eligibility for this certification.

Signature: _____ Date: _____

Send this completed form to:
 EDP Secretariat, School of Hotel & Tourism Management,
 The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong
 by email: hmyimsw@polyu.edu.hk or via fax: (852) 2362 9362