International Conference on





REGISTRATION FORM

REGISTRATION FORM						Deadline: March 1, 2009			
1. CONTACT INF	ORMATION								
Last Name	First Name		-	Title ☐Prof ☐Dr ☐Mr ☐Mis Position			Ms □Mrs	Gender □F □M	
Affiliation/Institution				Department/Unit					
Mailing Address									
City/Town	State/Pr	ovince		Country		Zi	p/Postal Cod	le	
Tel (Office)		Tel (Mobile, optiona		l) Fax		Fax			
Email									
2. FEES									
Registration Fee *	Regular Participant		USD200	(HK\$1,600)	х		=		
	Student Parti	cipant	USD100	(HK\$800)	Х		=		
Banquet **	May 29, 2009)	USD40	(HK\$300)	Х	Ticket(s)	=		
* Registration fee cov ** For accompanied (guests and tho						riquot		
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I hereby authorise TI of for the co	ne Hong Kong l onference fee o								
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Cash I will pay at the o	conference (ple	ase prep	are the exa	act fee).					
Please return this form to By FAX : (852) 2764 43 By EMAIL : makatie@inet By POST : Department o	82 .polyu.edu.hk					-		ong	
Note: Possints will h	ne diven out at the	conference	.						