

STANDARD REPLY FORM

To the organiser (Attn:)

Event:

Date/Time: *Division/Committee:

*Fax/Email:

From the participant

Last Name (Mr/Ms/Ir/Prof/Dr): First Name:

Name in Chinese (*for activities in Mainland China*):

Membership No:

Division/Committee:

*Company Name: *Position:

*Contact Address:

Tel: *Fax:..... Email:.....

Please fill in the following as required:

*I request place(s) and enclose a cheque no

payable to to cover the total cost of HK\$

**optional*

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 event.

The information provided will only be used for the purpose of communicating with you on matters related to the activity. You have rights of access and correction with respect to your personal data held by us. If you wish to exercise these rights, please contact the Division/Committee concerned or the HKIE Secretariat.

Signature: Date:

Members are reminded to bring along their membership cards to attend all the HKIE's activities.