

## STANDARD REPLY FORM

### To the organiser

Event: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Division/Committee: \_\_\_\_\_

Name: \_\_\_\_\_ Tel/Fax: \_\_\_\_\_

### From the participant

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

Membership Class & No: \_\_\_\_\_ Division: \_\_\_\_\_ AMC SSG YMC

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Address: \_\_\_\_\_

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

### Please fill in the following as required:

i) I request \_\_\_\_\_ place(s) and enclose a cheque no \_\_\_\_\_ payable to \_\_\_\_\_ to cover the total cost of HK\$ \_\_\_\_\_

\* ii) Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\* (Not applicable to local activities)

#### 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 events.

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

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