DECLARATION FORM

CPD Event : 工料測量組技術系列 2017 (19):
3 天參觀廠房及景點：參觀湖南省長沙市工業園區機械重工廠房和長沙市景點

Date : 3 November 2017 (Friday) to 5 November 2017 (Sunday)

I, _____ (_____) (No. _____) [English and Chinese Name and No. in China Visa (港澳居民來往內地通行證／回鄉證)], confirm that I fully understand and accept the risk of joining the above 3-Day Visit. Under no circumstances shall the Hong Kong Institute of Surveyors ("HKIS") and the Hong Kong Institution of Engineers ("HKIE"), their staff or agents be held liable for the consequence of any accidents whether or not they are caused by the negligence of HKIS, HKIE, their staff and/or agents.

I also confirm that I would like the HKIS to arrange

☐ * a double bed room (with Twin Bed) for me together with another member, _____(name), who will also join the above 3-Day Visit together with me.

☐ * a single bed room for me (with an additional fee of HK$650).

Signature:_____ Membership No:_____

Address: _____

Mobile: (HK)_____ / (China)_____ Email:_____

Emergency Contact: _____ Emergency Contact's Number:_____

Remarks :

1. Members who apply for participating the above 3 Days Visit shall be in good health conditions.
2. While the HKIS and the HKIE have effected insurance policy for their respective members joining the above 3-Day Visit, who have been accepted for joining the above 3-Day Visit shall consider to procure an appropriate insurance policy to cover their own risks before attending the above 3-Day Visit.
3. Please fill in the relevant information and tick the appropriate box ☐ * in the above.