

DECLARATION FORM

CPD Event : Greater Bay Area CPD Series 5 - 大灣區東莞兩天考察交流團

Date : 28 September (Friday) to 29 September 2018 (Saturday)

I, _____ (_____) (No. _____) [English and Chinese Name and No. in Home Return Permit (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 2-Day Visit. Under no circumstances shall the Hong Kong Institute of Surveyors (“HKIS”), their staff or agents be held liable for the consequence of any accidents whether or not they are caused by the negligence of HKIS, 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 2-Day Visit together with me.
- * a single bed room for me (with an additional fee of HK\$400).

Signature: _____ Membership No: _____

Address: _____

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

Emergency Contact: _____ Emergency Contact's Number: _____

Remarks :

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