

CPD REGISTRATION FORM

Event Date(s): _____ Event Code: _____

Event Name: _____

Registration Number: _____

Member details

Surname: _____ Other names: _____

Grade of membership: Fellow, Member, Associate Member, Probationer, Student,

Division: BS, GP, LS, PD, PFM, QS HKIS no.: _____

Postal address (only to be completed if the address is different from your membership record details):

Tel no.: _____ Fax no.: _____ E-mail: _____

Payment method (The registration fee is non-refundable and non-transferrable)

I enclose a cheque payable to "Surveyors Services Ltd." Cheque no. _____ Amount HK\$ _____

Please charge my HKIS Titanium MasterCard/Visa Platinum Card (Shanghai Commercial Bank Limited)

Please charge my American Express Card

Credit card payment instruction

Ref.: []

To: Credit Card Service Department

I would like to pay the registration fee HK\$ _____ to **Surveyors Services Limited** by charging my Credit Card account as follows:

Cardholder Name: _____ HKIS No. _____

Card Number:

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 Expiry Date: ____ / ____

Cardholder's Signature: _____ Date: _____

For Bank Use Only

Approved by :

Date:

Notes:

- 1 A separate registration form is required for each event/ application. Photocopies of the form are acceptable.
- 2 The registration form(s) should be returned by post/ by hand to the HKIS Secretariat.
- 3 Registration by fax, telephone and cash payment is not acceptable.
- 4 Incomplete or wrongly completed registration form(s) will not be processed.
- 5 The registration fee is non-refundable and non-transferrable.
- 6 A registration number will be generated for each application. The registration number is unique and non-transferrable. Members cannot proceed to payment if they do not apply for the CPD event and obtain the registration number through the HKIS website.
- 7 Payment can be made by cheque or by credit card (Shanghai Commercial Bank Ltd. / American Express). Cheques should be made payable to "SURVEYORS SERVICES LTD.". A separate cheque or credit card payment instruction form is required for each event/ application. You should write down the registration number on the back of your cheque. The HKIS Secretariat will update the payment status and your application will be confirmed when the HKIS Secretariat receives your payment.
- 8 Payment by PayPal is also acceptable. Please register under the HKIS website before the closing date for each event. **(Not applicable for site visit / social event / joint event with other organisation)**
- 9 **If you do not settle the payment within 7 days from the date the HKIS Secretariat has accepted your registration, your registration number will become invalid and your application will be rejected.** Your name will not be included in the registration list and you cannot attend the concerned CPD event.
- 10 An official receipt, which must be presented at the event, will be available for downloading from the "CPD Profile" under Members Corner when payment is received.
- 11 In the event a Typhoon Signal No. 8 or above or Black Rainstorm Warning is hoisted, the event will be postponed and a new arrangement will be announced. Should the aforesaid warnings be lowered 4 hours before the event, the event will proceed as normal.
- 12 For the number of seats or priority of allocation of seats, please refer to the individual event details.
- 13 If you have not received any reply from the HKIS Secretariat within 7 working days of the event, you may call the Secretariat at 2526 3679 to check the progress of your registration.
- 14 The HKIS reserves the right of final decision and interpretation in the case of any dispute.

DECLARATION FORM

Social Event: Understanding Projects for Health Services in Hong Kong Series [Seminars and Visits] Site Visit Two : Site visit to Redevelopment of Kwong Wah Hospital

Date : 4 February, 2023

I, _____(full name), confirm that I fully understand and accept the risk of joining the above event. Under no circumstances shall 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.

Signature: _____ Membership No: _____

Address: _____

Mobile: _____ Email: _____

Remarks:

1. All participants must have at least received three doses of COVID-19 vaccine.
2. All participants will be asked to wear masks during the visit, maintain social distance and comply with the latest regulations regarding prohibition on group gathering.
3. All participating members shall arrange their own transport to the venue.
4. While HKIS will arrange for insurance policy (COVID-19 and/or pandemics are excluded) for the participants, members may consider taking out their own insurance policy to cover their own risks.
5. Latecomers will NOT be picked up and will NOT be allowed to join the visit.