

Knowledge Transfer Conference
Partnering for Success: Mastering Innovation, Leveraging Opportunities, Engaging Community
 8-9 November 2010

Part I

REGISTRATION FORM (Individual)

PARTICIPANTS' DETAILS

Salutation Prof / Dr / Mr / Mrs / Ms *

Surname _____ Other Name _____

Address _____

Phone _____ Email _____

**Please delete inappropriate.*

ORGANISATION'S DETAILS

Organization _____

Job Title _____ Country _____

Office Phone _____ Fax _____

Contact Person _____ Phone _____ Email _____

(if different from Registrant above)

PAYMENT (Please tick the appropriate boxes.)

Registration Fee	By Cheque	or	By Credit Card
Standard Fee <small>(Inclusions: Entry to all sessions and refreshment breaks)</small>	<input type="checkbox"/> HK\$300		<input type="checkbox"/> HK\$308**
**Applicable only for payment settled by credit card, a bank charge equal to HK\$8 will be included in the registration fee.			
PAYMENT METHOD			
<input type="checkbox"/> By Crossed Cheque (in HK\$) payable to: "The Hong Kong Polytechnic University" . Cheque Number _____ Bank _____			
<input type="checkbox"/> By Credit Card I agree to pay the conference registration fees to The Hong Kong Polytechnic University by credit card. My credit card account details are as follows: Type of Credit Card : <input type="checkbox"/> Master Card or <input type="checkbox"/> Visa Card Name of Cardholder : _____ Expiry Date : __ / __ (MM/YY) Credit Card Account No.: _____ Transaction Amount : HK\$308 Signature of Cardholder : _____ <small>(Please use authorized signature as on your credit card.)</small>			
Registration forms received without payment will not be processed.			

SEND THE COMPLETED FORM

- By Fax: +852 2333 2410
- By Email: pdvzheng@inet.polyu.edu.hk (in PDF /JPEG format)
- By Post: Ms. Vivian Zheng, Rm R1007, 10/F, Shirley Chan Building, The Hong Kong Polytechnic University, Hung Hom

FOR OFFICE USE

<input type="checkbox"/> By Fax	<input type="checkbox"/> By Email	<input type="checkbox"/> By Post	Ref No.	
Receipt No.	Date on Cheque	By	Date	
For Registration Enquiries: Ms. Vivian Zheng, Partnership Development Office, The Hong Kong Polytechnic University Tel: +852 3400 2819 Email: pdvzheng@inet.polyu.edu.hk				

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Part I

REGISTRATION FORM (Group)

ORGANISATION'S DETAILS

Organization _____
 Address _____
 Country _____ Postal Code _____
 Phone _____ Fax _____

PARTICIPANTS' DETAILS

<i>* Prof / Dr / Mr / Mrs / Ms</i>					
*Title	Surname	Other Name	Job Title	Tel	Email

(Use separate sheet if necessary)

Contact Person Information (compulsory, all related communication will be made with contact person)

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PAYMENT *(Please tick the appropriate boxes.)*

Registration Fee	By Cheque	or	By Credit Card
Standard Fee <i>(Inclusions: Entry to all sessions and refreshment breaks)</i>	HK\$300		HK\$308**
No. of Tickets (N)			
Total Amount HK\$:	300 × N =		308 × N =

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By Crossed Cheque (in HK\$) payable to: "The Hong Kong Polytechnic University".
 Cheque Number _____ Bank _____

By Credit Card

I agree to pay the conference registration fees to **The Hong Kong Polytechnic University** by credit card. My credit card account details are as follows:

Type of Credit Card : Master Card or Visa Card

Name of Cardholder : _____ **Expiry Date** : __ / __ (MM/YY)

Credit Card Account No.: _____

Transaction Amount : HK\$ _____ **Signature of Cardholder** : _____
(Please use authorized signature as on your credit card.)

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Receipt No.	Date on Cheque	By	Date	

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Part II

*Compulsory

Please tick where appropriate:

Nature of Business*

- Academic
- Buying Office
- Consulate and Trade Commission/ Trade Association/Chamber of Commerce
- Exporter
- Government
- Importer
- Manufacturer
- Private Individual
- Professional
- Retailer
- Service Company
- Student
- Wholesaler
- Others: _____

Industry*

- Banking & Finance
- Building and Construction
- Design, Marketing & Licensing
- Electronics & Electricals
- Garments & Textiles
- Gifts & Houseware
- Information & Communications Technology
- Infrastructure & Real Estate
- Lighting Equipment
- Professional Services
- Technology
- Timepieces, Jewellery & Optical Goods
- Toys & Sporting Goods
- Transport & Logistics
- Others: _____

HOW DID YOU LEARN ABOUT KNOWLEDGE TRANSFER CONFERENCE? (Please choose one)

- Newspaper / Magazine
- Website
- Email
- Referral by friends/ colleagues
- Others: (please specify) _____

IMPORTANT NOTICE

- Registration forms received without payment will not be processed. Please do not send cash.
- Please write down the name of participant(s) and contact number at the back of the cheque.
- There will be no refund upon confirmation of registration.
- Photocopy of the registration form is acceptable.
- A payment acknowledgement email will be sent to registrant(s) if a correct email address is provided. This email is regarded as official receipt from the Conference. No separate printed copy of official receipt would be sent to the registrant. If you need an additional document to certify your registration and payment status, please post your request to the Conference Secretariat and enclose a self-addressed envelope with stamp and specifying "KTC Reg Letter" on the front.

Please refer to our official website <http://www.ktconference.com> for more information about registration.