

Registration

EASY WAYS TO REGISTER

Fax: Sign and fax the Registration Form below to the KMAP2006 Local Organizing Committee at **(852) 2774 9308**

Email: Sign and email the Registration Form below to the Conference Secretariat at **dora.chong@polyu.edu.hk**

Post: Sign and post the Registration Form below to the Conference Secretariat at

**KMAP2006 Organizing Committee
Department of Industrial and Systems Engineering
The Hong Kong Polytechnic University, Hung Hom, Hong Kong**

GROUP REGISTRATION

Enjoy a **group discount** for 3 or more delegates registered from the same organization. Contact KMAP2006 Secretariat for arrangement.

REGISTRATION FORM

- Yes! I would like to register as a **group with 3 or more delegates**. Please contact me as the corresponding delegate of my company. My contact detail (for the first delegate only) is shown below.
- Yes! Please register me (**individual registration**) for KMAP2006 with the following details.

Delegate One (Corresponding Delegate for group registration)

Name: _____

Job Title: _____

Company: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Country: _____

Registration Fees for Delegate One

- | | |
|---|-----------|
| <input type="checkbox"/> One half-day workshop | HK\$1,000 |
| <input type="checkbox"/> Two half-day workshops | HK\$2,000 |
| <input type="checkbox"/> Three half-day workshops | HK\$2,800 |

The workshop you want to register for*

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> W-01 | <input type="checkbox"/> W-02 | <input type="checkbox"/> W-03 | <input type="checkbox"/> W-04 |
| <input type="checkbox"/> W-05 | <input type="checkbox"/> W-06 | <input type="checkbox"/> W-07 | <input type="checkbox"/> W-08 |

Delegate Two

Name: _____

Job Title: _____

Company: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Country: _____

Registration Fees for Delegate Two

- | | |
|---|-----------|
| <input type="checkbox"/> One half-day workshop | HK\$1,000 |
| <input type="checkbox"/> Two half-day workshops | HK\$2,000 |
| <input type="checkbox"/> Three half-day workshops | HK\$2,800 |

The workshop you want to register for*

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> W-01 | <input type="checkbox"/> W-02 | <input type="checkbox"/> W-03 | <input type="checkbox"/> W-04 |
| <input type="checkbox"/> W-05 | <input type="checkbox"/> W-06 | <input type="checkbox"/> W-07 | <input type="checkbox"/> W-08 |

* Workshop will only proceed upon sufficient registrations.

Payment Terms

All payments MUST be accompanied by this registration form.

- Please INVOICE *me / my company
- A BANK DRAFT made payable to **The Hong Kong Polytechnic University** is enclosed.
The Reference No. is _____.
- On-site payment may be allowed subject to seat availability. On-site payment can be made either by CASH or CHEQUE/BANK DRAFT (which should be made payable to **The Hong Kong Polytechnic University**).