

Second Symposium on Field Experience
17 & 18 October 2003
Hong Kong

Registration Form

Please register only **one** person per form.

Title: Prof Dr Mr Ms Miss Mrs (Please check the appropriate box)

First Name: _____

Family Name: _____

Country: _____

Contact Phone No: _____

Contact Fax. No: _____

Email: _____

Postal Address: _____

Language Spoken: _____

Name of Company/ Organisation: _____

Job Title: _____

If Teacher, subjects: _____

For Student participants:

Name of School/Institution: _____

Major/Programme: _____

I would like to attend the following sessions: (Please check the appropriate box)

- Day 1 Friday 17 October 2003 morning session
- Day 1 Friday 17 October 2003 afternoon session
- Day 2 Saturday 18 October 2003 morning session
- Day 2 Saturday 18 October 2003 afternoon session

Signature: _____

Date: _____

Please complete and send this form to the Symposium Secretariat via fax (852-2948 8321) or mail (Room B1-2/F-34, The Hong Kong Institute of Education, 10 Lo Ping Road, Tai Po, N.T., Hong Kong) on or before **6 October 2003**.