

Entrepreneurship For Design & Creative Business Registration Form

Please return the completed registration form by Fax: (852) 2892 2621 or E-mail: peko.or@hkdesigncentre.org. For enquiries, please contact Ms. Peko Or, Project Assistant, Design Promotion (Tel: 3586 3003)

I) Programme Detail

Date: 26 June - 18 September 2010, every other Saturday (7 Modules)

Time: 2pm – 5pm

Venue: InnoCentre, 72 Tat Chee Avenue, Kowloon Tong, Kowloon

Language: Cantonese as teaching language with English and Chinese teaching materials

Discount rate (Participants who attend the Information Session on 23 April): HK\$4,000

Normal rate: HK\$5,800

II) Participant's Details (Please complete in English)

First Name: _____ Last name: _____

Chinese Name: _____ Title: Mr. Mrs. Ms. Miss Dr.

Company: _____

Department: _____ Job Title : _____

Address 1 (room, floor, building): _____

Address 2 (street/ road): _____

Address 3 (district): _____

Phone: _____ (direct) _____ (general) Mobile: _____

E-mail: _____ Fax: _____

III) Participants' Profile

a. Industry (e.g. Design, Manufacturing, Retail...etc), pls. specify _____

- b. Design discipline:
- | | |
|---|--|
| <input type="checkbox"/> Advertising Agencies | <input type="checkbox"/> New Media |
| <input type="checkbox"/> Apparel, Fashion accessories & Jewellery | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Branding, Communications & Marketing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Exhibition Design | <input type="checkbox"/> Product/ Industrial |
| <input type="checkbox"/> Illustration | <input type="checkbox"/> Service Design |
| <input type="checkbox"/> Information/ Graphic Design/ Identity & Branding | <input type="checkbox"/> Spatial |
| <input type="checkbox"/> Interactive/ Multimedia | |

c. Education:

- Secondary Diploma Graduate Post-graduate Other _____

d. No. of years in practice:

- 2-5 years 6-10 years more than 10 years

e. Are you a member of any design association?

If Yes, pls. specify _____

f. Your company is a tenant / incubatee of

- Hong Kong Science & Technology Parks InnoCentre

g. How did you learn about this programme?

- CUHK, Centre For Entrepreneurship HKDC Hong Kong Science & Technology Parks
 InnoCentre Referral by _____ Other _____

IV) Payment Method

- Cheque – Please prepare a crossed cheque, payable to “**Hong Kong Design Centre Limited**”, and send it to: Hong Kong Design Centre, 1/F., InnoCentre, 72 Tat Chee Avenue, Kowloon Tong, Hong Kong. Please mark the programme's name, participant's name and phone number on the back of the cheque.

Name of Bank: _____

Cheque No.: _____ Date of Cheque: _____

- Bank deposit – Please fax the transmission record and the completed registration form to 2892 2621.

Bank Name: Wing Lung Bank A/C No.: 020-624-120-0199-7 A/C Name: Hong Kong Design Centre Limited.

Important Note:

- The organiser reserves the right to cancel the programme if enrolment is insufficient and make alterations regarding instructors, class locations, class schedules and the content of programme if necessary.
- Fee paid are not refundable unless the enrolled programme is full, cancelled or in exceptional circumstance subject to the approval of the organiser.
- The organiser reserves the right to release any reserved seats if payment is not settled in FIVE working days before the programme starts.
- Information provided on the registration form will be used only for the purposes of processing the registration and communicating with the participant on matters relating to the programme.
- If you do not want to receive promotional materials concerning upcoming Hong Kong Design Centre and/or the Centre For Entrepreneurship activities, please tick this box

I have read and agreed to the important notes set out on this registration form.

Signature _____

Date _____