

REGISTRATION FORM

Office Use Only

Reg. Code: _____
 Reg. Fee: Paid Not Paid
 Presenter: Yes No
 Date of Receipt: _____

**International Conference
 Language Issues in English-medium Universities:
 A Global Concern
 Hong Kong, China
 18-20 June 2008**

Please return the completed form and payment

- (i) by POST to Language Issues Conference Organizing Committee, c/o Miss Scarlet Poon, Room 324A, Hui Oi Chow Science Building, The University of Hong Kong, Pokfulam Road, Hong Kong; or
- (ii) by FAX to (852) 2857 8538

Please type or print clearly and use ticks where appropriate, and submit a separate form for each participant.

PERSONAL PARTICULARS

Prof/Dr/Mr/Ms/Mrs (Family Name) _____ (First Name) _____

Institution: _____ Department/Faculty: _____

Correspondence Address: _____

Email: _____ Tel: _____ Fax: _____

Please put a tick here if your abstract proposal has been accepted. Accepted presenters should register by 31 March 2008 to guarantee the inclusion of their presentations in the Programme.

REGISTRATION FEES	Early Bird By 31 March 08	After 31 March 08*
<input type="checkbox"/> Conference Registration Only (includes 3 day Lunch, Morning and Afternoon Coffee, Conference Bag and Conference Programme)	HK\$ 1,000	HK\$ 1,200
<input type="checkbox"/> Full Registration (includes Conference Registration and Conference Dinner)	HK\$ 1,300	HK\$ 1,500
Reduced Fee for Full-time Students Please enclose/attach a copy of your Student ID Card for verification		
<input type="checkbox"/> Conference Registration Only	HK\$ 500	HK\$ 700
<input type="checkbox"/> Full Registration	HK\$ 800	HK\$ 1,000

PAYMENT METHOD

Cheque/ Bank Draft of HK\$ _____
 Cheque/ Bank Draft No.: _____ Issuing Bank: _____
Crossed cheque or bank draft should be drawn in Hong Kong dollar and made payable to "The University of Hong Kong". Please write down "Registration for Language Issues Conference 08" and your name in full at its back.

Credit Card: Visa/ Master (Please circle where appropriate)

Card No.:

Amount to be charged: HK\$ _____

Cardholder's Name: _____ (printed name as shown on card)

Expiry Date: _____ (MM/YYYY) e.g. 12/2008

Cardholder's Signature: _____ Date: _____ Approval Code: _____ (for office use only)

Note: * All registration forms and payment should be received not later than 31 May 2008.

Please state your special dietary requests (if any): _____