

REGISTRATION FORM

Conference on 'Minority Language Education in China: Issues and Perspectives'  
Hong Kong, China, 19 April 2008

Please use BLOCK LETTERS and tick where appropriate.

**PARTICULARS OF REGISTRANT [*For Presenters*]**

(Prof/Dr/Mr/Ms/Mrs) (First Name) \_\_\_\_\_ (Family Name) \_\_\_\_\_

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Department/Faculty: \_\_\_\_\_

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There is no registration fee for the conference.

Please tick here  if your abstract proposal has been accepted.

Please indicate your special dietary requests (if any):

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Please return the completed registration form either by post or by fax (Attn: Dr Qunying Zhang).

Address: 2008 Conference on 'Minority Language Education in China: Issues and Perspectives'  
c/o , Centre for Advancement of Chinese Language Education and Research  
Room 401, Hui Oi Chow Science Building,  
Faculty of Education,  
The University of Hong Kong,  
Pokfulam Road,  
Hong Kong  
Fax: (852) 25174403