

ADVENTURE BASED COUNSELING WORKSHOP
WORKSHOP REGISTRATION FORM

REGISTER EARLY!

PARTICIPANT INFORMATION

NAME : _____ (_____)

HKIAC MEMBERSHIP NO. : (AF/RAC) _____

AGE : _____

DATE OF BIRTH : _____

ADDRESS : _____

PHONE NO. : _____

OCCUPATION : _____

ORGANIZATION : _____

WORK ADDRESS : _____

E-MAIL ADDRESS : _____

SIGNATURE: _____

DATE: _____



FOR OFFICE USE:

DATE OF RECEIVE : _____

BY : _____

CHEQUE NO. : _____

BANK: _____