



Executive Development Programme FACILITIES MANAGEMENT 「設施管理」高級管理課程 26 - 27 May 2015

- REGISTRATION FORM -

Part I: Personal Information

First Name:	Last Name:	
I.D. or Passport No. :	Gender:	
Organisation:	Position:	
Address:		
Phone:	Mobile No.:	
Email:		
Type of highest Degree/Diploma/Certificate awarded:	:	
Name of awarding institution and country:		
**Name print on Certificate will be based on the n	name printed on ID/Passport.	
Part II: Specify Learning Goals		
art II. Speeny Learning Coals		
To enable the programme instructor to effectively me	et participants' expectations, please let us know what specific	
earning goals you expect to cover.		
Part III: Registration Fee		
Macao ID cardholders	MOP 8,650	
	MOP 14,840	
Are you sponsored by your company for this program	<u> </u>	
**Registration fee covers course materials, lunches and refreshments during the programme.		

Part IV: Payment Method

Credit Card	Name of Issuing Bank:
☐ Visa ☐ Master	Card No.:
☐ Bank Draft	The bank draft should be made payable to "Instituto de Formação Turística" in total
☐ Company Cheque	amount of MOP8,650 or MOP14,840
	1035 2015
Payment Deadline	:18May 2015 (Seats are NOT guaranteed without settling the payment before deadline)
Cancellation Policy	: No refund will be made in case of participant's withdrawal or no-show.
Disclaimer	: We reserve the right to postpone or cancel the course. In the case of cancellation,
	participants will NOT be subject to any charge or compensation.
Part V: Other - Special Dietary A	
	special dietary arrangement is required
☐ Vegetarian ☐	No Pork No Beef No Seafood Others:
-How were you info	ormed about this programme?
News ad	Email Webpage Human Resources dept. Others:
Please return the fo	orm with the following attached to edp@ift.edu.mo :
- ID card / Pass	port copy of both sides
- Credit card co	py of both sides (if you pay by credit card)
and document is on purposes. In addit forwarded to admir	aw of Personal Data Protection", I hereby agree that the provision of my personal information ly used for completing the course application procedure, for fulfilling statistic and research ion, I also agree that my personal information and document thus submitted might be nistrative bodies and legal authorities of MSAR Government when deemed necessary to the Institute in written form for reviewing and updating his/her personal information.
Signature:	Date:
If you have further Tel: (853) 8598 1250	query, please feel free to contact: D Fax: (853) 8598 1283 Email: edp@ift.edu.mo

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