

HKIHRM TRAINING & DEVELOPMENT NEEDS SEMINAR

21 AUG 2020 • 9:30 - 17:30 • CANTONESE

theDesk, Admiralty, Hong Kong

Training Transformation in the New Normal



Enjoy up to 50% off per ticket



**INDUSTRY
SPEAKERS**

150+

**L&D, TALENT & HR
PROFESSIONALS**

70%

SENIOR MANAGEMENT

Organiser




Venue Sponsor



Book Now !



 (852) 2837 3811 / 3814

 membership@hkihrm.org

ENROLMENT FORM

Tel: (852) 2837 3811 / 14 Email: membership@hkihrm.org

Training & Development Needs Seminar

CPD: 6 hours

Venue: theDesk, 5/F, United Centre, 95 Queensway, Admiralty, Hong Kong
Date and Time: 21 August 2020 (Friday) 09:30 – 17:30

	Member	Non-member
Regular Price	<input type="checkbox"/> HK\$1,500	<input type="checkbox"/> HK\$2,000

Early-bird Offer

(only if enrolment & payment are received by 26 June)

☐ HK\$1,000

☐ HK\$1,500

Group / Bundle Offer

(A) Group

(3 participants or more from the same company)

☐ HK\$1,000 x ____ pax

☐ HK\$1,500 x ____ pax

(B) Corporate Member

(only if enrolment & payment are received by 21 July)

☐ Buy 1 Get 1 Free x ____ pax
(HK\$1,500 for 2 tickets)

N/A

(C) Bundle with Subscription of "Training & Development Needs Survey Report"

☐ HK\$1,600
(Report: HK\$1,000 HK\$600
+ Ticket: HK\$1,500 HK\$1,000)

☐ HK\$2,500
(Report: HK\$1,400 HK\$1,000
+ Ticket: HK\$2,000 HK\$1,500)

Total Amount HK\$ _____

HK\$ _____

Company: _____

Membership No:
(if any) _____

Name: Mr/Ms _____

Job Title: _____

Email: _____

Contact No: _____

Remarks:

- HKIHRM vouchers are NOT applicable to this event
- For group and corporate member offers, please complete the appendix form as well

A. Payment Method

- **Cheque:** Mail a crossed cheque payable to "Hong Kong Institute of Human Resource Management Ltd" to "Member Services & Programme Management Department, HKIHRM, Units 1810-15, 18/F, Millennium City 2, 378 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong". Post-dated cheques and overseas cheques will not be accepted.

- **Credit Card:** Please complete the authorisation form below:

Credit Card Type:	VISA / Mastercard / American Express	Expiry Date (MM/YY):	
Card Number:		Amount (HK\$):	
Name of Card Holder:		Signature:	

B. Cancellation Policy

- HKIHRM reserves the rights to replace the speaker and/or cancel or alter, content, timing, and venue of the event, as well as to reject any enrolment for whatever reasons at any point in time.
- No refund will be granted on cancellation of confirmed enrolment. Also, no-shows will incur the full cost of enrolment.
- If a seminar is cancelled due to any unforeseen circumstances such as bad weather or natural disaster, the HKIHRM is not responsible for any expenses incurred by the registrant. Notice of the reschedule arrangement will be sent out within 10 working days.
- For Adverse Weather Arrangements, please refer to [HKIHRM website](http://hkihrm.org).

C. Personal Data Collection Statement

1. The personal data is collected and kept for processing the application for course enrolment, admission, academic and related administration purposes. The data provided will be handled in accordance with the provisions of the Personal Data (Privacy) Ordinance of the HKSAR.
2. The personal data provided in this form will be used by the Institute for direct marketing activities, including but not limited to the promotion (e.g. special offers and discounts) for HKIHRM events, activities, training programmes, awards, survey and other services that it may deploy. If you do not wish to receive such information as stated, please indicate your objection by ticking the box. ☐

I have read, understood and agreed to all details of the above terms and conditions.

Signature of Participant: _____ Date: _____

APPENDIX ENROLMENT FORM

Tel: (852) 2837 3811 / 14 Email: membership@hkihrm.org

Training & Development Needs Seminar

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Date and Time: 21 August 2020 (Friday) 09:30 – 17:30

Additional Attendee 1

Company:	_____	Membership No: (if any)	_____
Name:	Mr/Ms _____	Job Title:	_____
Email:	_____	Contact No:	_____

Additional Attendee 2

Company:	_____	Membership No: (if any)	_____
Name:	Mr/Ms _____	Job Title:	_____
Email:	_____	Contact No:	_____

Additional Attendee 3

Company:	_____	Membership No: (if any)	_____
Name:	Mr/Ms _____	Job Title:	_____
Email:	_____	Contact No:	_____

Additional Attendee 4

Company:	_____	Membership No: (if any)	_____
Name:	Mr/Ms _____	Job Title:	_____
Email:	_____	Contact No:	_____

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I have read, understood and agreed to all details of the above terms and conditions.

Signature of Additional Attendee 1: _____ Date: _____

Signature of Additional Attendee 2: _____ Date: _____

Signature of Additional Attendee 3: _____ Date: _____

Signature of Additional Attendee 4: _____ Date: _____