



13th ASIAN CLUB MANAGERS' CONFERENCE HONG KONG

May 5-9, 2019

Registration Form

(Please submit this form to Avis Tsang via email CMAconference2019@lrc.com.hk)

Delegate's Information

Full Member

First Name: _____ Last Name: _____

Company: _____

Email: _____ Tel: _____ Mobile: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Type of Registration (Please select from options below)

- Full Registration
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

Additional Delegate(s) from the Club and Registration Details

1st Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

2nd Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

3rd Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

4th Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

5th Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

6th Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

7th Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

8th Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

9th Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

10th Delegate

First Name: _____ Last Name: _____ Job Title: _____

Email: _____ Tel: _____ Mobile: _____

Type of Registration (Please select from options below)

- Full Registration **OR** Educational Session Only (Monday Tuesday)
 Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

Full Professional Guest(s) and Registration Details

1st Guest

First Name: _____ Last Name: _____

Company: _____

Email: _____ Tel: _____ Mobile: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Type of Registration (Please select from options below)

- Full Registration
- Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

2nd Guest

First Name: _____ Last Name: _____

Company: _____

Email: _____ Tel: _____ Mobile: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Type of Registration (Please select from options below)

- Full Registration
- Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

Personal Guest(s) and Registration Details

1st Guest

First Name: _____ Last Name: _____

Company: _____

Email: _____ Tel: _____ Mobile: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Type of Registration (Please select from options below)

- Sunday Night Opening Reception Monday Night Dinner Party
- Tuesday Post Conference Happy Hour
- Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

2nd Guest

First Name: _____ Last Name: _____

Company: _____

Email: _____ Tel: _____ Mobile: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Type of Registration (Please select from options below)

- Sunday Night Opening Reception Monday Night Dinner Party
- Tuesday Post Conference Happy Hour
- Optional Event – Wednesday Club Tours Optional Event – Thursday Golf Outing

If there is not enough space to fill in the delegate's information, please attach extra pages at the end of the form.

Conference Registration

Events	Cost (HK\$)		Number of attendees	Total Cost (HK\$)
	On or before Jan 31	After Jan 31		
Full Member Registration <i>(includes access to all educational sessions and the following events, excluding Wednesday Club Tours & Thursday Golf Outing)</i> - Sunday Night Opening Reception - Monday Night Dinner Party - Tuesday Post Conference Happy Hour	\$3,950	\$4,500	_____	\$ _____
Additional Delegate(s) from the Club <i>(includes access to all educational sessions and the following events, excluding Wednesday Club Tours & Thursday Golf Outing)</i> - Sunday Night Opening Reception - Monday Night Dinner Party - Tuesday Post Conference Happy Hour Educational Session Only - Educational Session on Monday - Educational Session on Tuesday	\$3,450	\$3,950	_____	\$ _____
Full Professional Guest(s) Registration <i>(includes access to the following events, excluding Wednesday Club Tours & Thursday Golf Outing)</i> - Sunday Night Opening Reception - Monday Night Dinner Party - Tuesday Post Conference Happy Hour	\$4,500		_____	\$ _____
Personal Guest(s) Registration Sunday Night Opening Reception Monday Night Dinner Party Tuesday Post Conference Happy Hour	\$550 \$550 Free		_____ _____ _____	\$ _____ \$ _____ \$ _____
Optional Events Wednesday Club Tours at Aberdeen Marina Club & Hong Kong Country Club (including lunch & transportation) <i>* A minimum of 12 delegates is required to conduct the tour</i> Thursday Golf Outing at Hong Kong Golf Club, Fanling	\$600 \$1,000		_____ _____	\$ _____ \$ _____
Total			_____	\$ _____

Payment

Payment must be received on or before January 31, 2019 to secure the early bird rate. It can be made by bank telegraphic transfers, cheque or credit card.

For payment of via **bank telegraphic transfer**, please remit funds to:

“CLUB MANAGERS’ ASSOCIATION OF HONG KONG”
Name of Bank: Standard Chartered Bank (Hong Kong) Limited
Bank Account No.: 447-1-051172-0
Bank’s Address: Standard Chartered Bank Building, 4-4A Des Voeux Road Central, Hong Kong.
Bank’s Swift Code: SCBLHKHH

Please note our invoice amount is net of wire transfer, all local and overseas charges borne by remitter.

Cheque payments should be made payable to “Club Managers' Association of Hong Kong” and post to Avis Tsang, Ladies Recreation Club, 10 Old Peak Road, Mid-Levels, Hong Kong.

For **credit card payments**, please complete the form below and return to CMAHK office or email CMAconference2019@lrc.com.hk or post to Avis Tsang, Ladies Recreation Club, 10 Old Peak Road, Mid-Levels, Hong Kong.

Credit Card (please mark one): Visa Master Card

Credit Card Number: _____

Expiry Date: ____/____ 3-digit Security Number: __ __ __ (located on the back of card)

Card Holder’s Name: _____

(Please print exactly as shown on card)

Billing Address: _____

Phone: (____) _____ Email: _____

Signature: _____ Date: _____

Cancellations

All cancellations must be in writing and received at CMAHK office via email CMAconference2019@lrc.com.hk on or before April 5, 2019.

Cancellation Policy

- On or before March 15, 2019 – 100% refund
- Between March 16 and April 5, 2019 – 50% refund
- On or after April 6, 2019 – no refund

Thank you for your registration!