Workshop on Bilingualism and Language Acquisition: Distinguished Speakers Lecture Series

March 17, 2010 http://www.cuhk.	edu.hk/lin/cbrc/worksho	pp/	(
REGISTR	ATION FORM	М				
Personal Particulars						
Title: Name:	Prof.	Dr.	Mr.	Ms.	Mrs.	
Affiliation:	Family Name		Firs	t Name		
Contact Info:	(Mailing addre	(Mailing address)				
	(Phone) (Email)		(1	Fax)		
Attendance						
Please choose the session(s) that you will attend: Morning session only Afternoon session only Both morning and afternoon sessions Please choose whether you will have lunch provided by us: Yes (HKD 100) * Please note that in case you want to cancel lunch, there will not be a refund.						
Payment Method						
By Credit Card (other currencies are not accepted)		VISA	VISA Master		Amount:(HKD only)	
		Name of Cardholder		Expiry Date (mo	Expiry Date (month /year)	
By Personal Cheque (for local participants only)		Card Number I hereby confirm that I am authorized to use the indicated credit card. Please make crossed cheque in HK dollars payable to "The Chinese University of Hong Kong" with name of the participant and "Workshop on Bilingualism and Language Acquisition" on the back of the cheque, and mail to "Childhood Bilingualism Research Centre, Rm 216, Teaching Complex at Western Campus, Chinese University of Hong Kong, Shatin, N.T., Hong Kong".				
Note: (1) (2) (3)	You will receive a Please inform us b	ease note that admission to the workshop is free, but registration is required for attendance. ou will receive a confirmation letter by email upon successful registration. ease inform us by email (<u>cbrc@cuhk.edu.hk</u>) or contact us at 2696-1995 in advance in case ou need to cancel your registration.				