



Registration Form for Group Delegates
(For a group of at least eight delegates)

Please read the following notes carefully before filling in this form:

1. Please type to complete this form.
2. **Eight or more** delegates from the **same institution** registering for the **conference** of ICOIE 2020 **at the same time** will be entitled to a **20% discount** on the registration fee. To be entitled for this discount, this form must be used for registration.
3. The discount rate applies to both early bird registration (on or before 15 May 2020) and regular registration.
4. Completed registration forms should be submitted to the Conference Secretariat of ICOIE 2020 by email: icoie2020@ouhk.edu.hk.
5. Upon receipt of your registration form, the Conference Secretariat will issue an invoice to a designated representative of the group delegates for payment of the group registration. To be entitled to the discount, the payment must be successfully made before the deadline.
6. Payment should be made by **telegraphic bank transfer**. Please consult your local bank regarding the bank charges imposed **by correspondence or intermediate bank** for processing the telegraphic transfer. **Please note that these charges should be borne by your institution.** For payment made in other currencies, please use the exchange rate of the transaction date.

Part A. Information of institution

Name of institution: _____

Total no. of delegates: _____ (Please refer to Part C.)

Part B. Contact information of designated representative of the group delegates

(to whom an invoice for this group registration will be issued)

Name: _____

Email: _____

Fax: _____

Cancellation Policy:

No refunds will be made. A substitution can be made with written permission from the original registrant and approval by the Organizing Committee.

Data Use and Protection:

Information collected in this form will be used for the administration of this conference. For details about data protection, please refer to the [OUHK's personal data protection policy](#).

Signature by designated representative of the group delegates: _____

Date: _____

Part C. Information of group delegates

	Title¹	Surname	Given name	Job position and faculty/department	Email address	Remark²
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

¹ Please indicate the appropriate title: Prof./ Dr / Mr / Miss.

² Permission request: A contact list containing the Name, Job title, Institution, and Email address of the participants may be published. Please put down 'X' if the delegate would NOT like to have these details included in a conference publication. Not putting an 'X' is taken as an indication of consent to publishing the information.