

# 行爲分析服務 報名表格

## Registration Form for Behavioral Analysis Services

### Participant Information 參加者資料

Surname 姓：\_\_\_\_\_ Other names 名：\_\_\_\_\_ Sex 性別：\_\_\_\_\_

Date of Birth 出生日期：\_\_\_\_\_ HKID no. / Passport no. 香港身份證 / 護照號碼：\_\_\_\_\_

Class in coming September 本年度九月升讀級別：

College 大專  Secondary 中學  Primary 小學  Kindergarten 幼稚園

School 學校：\_\_\_\_\_ Class 年級：\_\_\_\_\_

Address 住址：\_\_\_\_\_

Participate Group 參加組別：

TCBA1 (5至8歲)  TCBA2 (9至11歲)  TCBA3 (12至14歲)  TCBA4 (15至18歲)  TCBA5 (18歲或以上)

### Parent's / Guardian's information 家長 / 監護人資料

Surname 姓：\_\_\_\_\_ Other names 名：\_\_\_\_\_ Relation 關係：\_\_\_\_\_

Contact No. 聯絡電話：(Home 住宅) \_\_\_\_\_ / (Mobile 手提) \_\_\_\_\_

Email Address 電郵地址：\_\_\_\_\_

### Enrolment Procedures 報名方法

1. Complete the application form.
2. Deposit to **HSBC (H.K.) 400-275806-001** (Account Name: Innowise Consulting Limited) before the enrolment deadline. We do not accept cash payment.
3. Fax the application form and Bank in slip to (852) 3005-7626, we will contact you within 24 hours and sent out receipt with "applicants notice" for confirmation.

Contact No. : (852) 3586-3938

1. 填妥申請表格
2. 將費用存款至**香港滙豐銀行 400-275806-001** (戶口名稱：天之傑顧問有限公司)。所有收款確認，只以截止日期前之銀行入款存根為準，不接受現金交易。
3. 將申請表格，連同存款存根，傳真至(852) 3005-7626，24小時內將有專人負責致電通知詳情，並發出收據及「參加者須知」。

查詢電話：(852) 3586-3938

## Disclaimer 聲明

1. No refunds or transfers will be made after confirmation of registration.  
已報名的活動，恕不退還及轉讓。
2. If there are too many applicants, we may restructure the participants, date and location. Parents will get full refund if they cancel the applications **only** under this situation.  
如報名人數過多或不足，將可能重新安排人數、參加日期、地點等內容，如家長因此取消活動，所繳交之費用將會全數退還。
3. If by reason of sickness cannot be present on the activity day, candidate need to contact us before the activity start, and also need to fax the recognizing sick leave certificate to us (3005-7626 Attn: Mr. Poon) within the next working day for our further arrangement. No refund will be made without the recognizing sick leave certificate.  
如活動當天因疾病而不能出席者，必須於活動前三小時致電通知請假，並於下一個工作天內將病假證明傳真至本公司 (3005-7626 Attn: 潘先生)，本公司會因應情況另作安排。如未能出示醫生紙證明，已繳付的費用恕不退還。
4. We reserve the right to change the activity schedule, place and trainers.  
本公司保留更改活動時間、地點及導師的權利。
5. If anyone disturbs the activity, we reserve the right to suspend them.  
如有任何人阻礙活動進度，本公司有權終止其活動。
6. Any questions, please contact Mr. Poon at (852) 3586-3938.  
若有任何疑問，請致電 (852) 3586-3938 向潘先生查詢。

I understand and accept the disclaimer above. Also, I declare that all information given in this application form is true to my best knowledge.

本人了解及接受以上聲明，並且聲明在報名表上所記錄的資料均真實無誤。

Date

Signature of Parent/Guardian

日期：\_\_\_\_\_

家長 / 監護人簽署

: \_\_\_\_\_

本欄由代理商填寫：

代理商: \_\_\_\_\_

代理商編號: \_\_\_\_\_