REGISTRATION FORM FOR GMP 2000

Geometric Modeling and Processing, April 10-12 2000, Hong Kong

(Please PRINT YOUR NAME)	
First Name:	
Last Name:	
Mailing Address:	
Zip code:	<u></u>
Country:	
Telephone:Fax:	
Email:	
Eman.	
Payment Information	
	dit card (only VISA or Mastercard) or bank draft. Bank
- ·	to `The University of Hong Kong'. No personal cheques
will be accepted from oversea	s participants.
I wish to pay by (tick one)	
☐ : Bank Draft	
☐ : Balk Diait	
: Mastercard	
Wideleard	
If paid by credit card, pleas	e fill in the following information
Credit Card NO :	
	Date:
-	

Send in the completed registration form by FAX to (852)-2858 5415

Secretary for GMP 2000 Registration Department of Mechanical Engineering The University of Hong Kong Pokfulam Road, Hong Kong

Tel: (852)-2859 2653 Fax: (852)-2858 5415

Email: smmok@hkucc.hku.hk