

REPLY FORM

To The Lighthouse Club (Young Members Club)

Event : _____

Date & Time : _____

Name : _____ Tel / Fax : _____

From the participant

Last Name (Mr/Ms/Ir/Prof/Dr) : _____ First Name : _____

Lighthouse Club Member (Y/N) : _____ Membership No : _____

Company Name: _____ Position: _____

Contact Address: _____

Tel : _____ Fax : _____ Email : _____

Please fill in the following as required:

I request _____ place(s) and enclose a cheque no _____ to cover the total cost of
HK\$ _____

Signature: _____ Date: _____