

REGISTRATION FORM

**'WHAT YOU ALWAYS WANTED TO KNOW ABOUT THE PROFESSIONAL INDEMNITY
SCHEME BUT WERE AFRAID TO ASK'**

TUESDAY, 11 MAY 2004 AT 6:00 P.M.

2 CPD POINTS

To: The Assistant Director, Professional Indemnity Scheme
The Law Society of Hong Kong

Fax: 2845 0387

I would like to attend the Course on Tuesday, 11 May 2004 at 6:00 p.m. and my particulars are as follows:

Name : _____

Title : _____

Firm : _____

Address : _____

Tel. : _____ Fax : _____

FOR OFFICE USE ONLY

- ☐ We confirm that a seat has been reserved for you for the Course on Professional Indemnity Insurance on 11 May 2004 at 6:00 p.m. at the Auditorium, the Boys' and Girls' Club Association of Hong Kong, 3 Lockhart Road, Wanchai, Hong Kong.
- ☐ We are unable to allocate a seat to you as the Course is full.

The Law Society of Hong Kong