



香港房屋經理學會  
The Hong Kong Institute of Housing

英國特許房屋經理學會亞太分會  
Chartered Institute of Housing Asian Pacific Branch



23 September 2014

Dear Members

**Joint Annual Dinner 2014**  
**Chartered Institute of Housing Asian Pacific Branch**  
**The Hong Kong Institute of Housing**

It gives us great pleasure to announce that the Joint Annual Dinner 2014 of Chartered Institute of Housing Asian Pacific Branch and The Hong Kong Institute of Housing is scheduled to take place as follows:

- Date : 11 November 2014 (Tuesday)
- Time : 18:30 (Pre-dinner cocktail)  
20:00 (Dinner)
- Venue : Grand Ballroom, Level 6, Royal Plaza Hotel  
193 Prince Edward Road West, Kowloon
- Guest of Honour : Professor Anthony Cheung Bing-leung, GBS, JP  
Secretary for Transport and Housing  
Transport and Housing Bureau
- Admission Fee : HK\$890.00 per head (including pre-dinner cocktail)
- CPD Units : 3 CPD Units (Professional Practice)

You are cordially invited to take part in this memorable event by completing and returning the attached registration form together with your cheque payment **before 21 October 2014 (Tuesday)**. We look forward to seeing all of you on this occasion.

Yours sincerely

Yip Ngai Ming  
Chairman  
Chartered Institute of Housing  
Asian Pacific Branch

Ip Chi Ming, Ellis  
President  
The Hong Kong Institute of Housing

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Shui On Centre  
6-8 Harbour Road  
Wanchai, Hong Kong

Tel.: 2356 8680 / 2544 3111  
Fax: 2356 7332 / 2544 3112

### Registration Form

I/We will attend the Joint Annual Dinner 2014 of my/our Institutes to be held on **Tuesday, 11 November 2014** at Royal Plaza Hotel.

Enclosed please find my/our cheque no.(s) \_\_\_\_\_ for the amount of HK\$ \_\_\_\_\_ (HK\$890.00 x \_\_\_\_\_) payable to "**Chartered Institute of Housing Asian Pacific Branch**" for your necessary action. (Please indicate if you are a vegetarian.)

Details of other participants are as follows:

<u>Full Name</u>	<u>Membership No.</u>	<u>Company</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Please continue on a separate sheet if required.)*

Name in English \_\_\_\_\_ Membership No. \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please reply before 21 October 2014 \*\***