**Registration Form for
Hong Kong Model European Union 2014**

**Office use**Application no.

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| 1. **Personal Particulars (\*Please circle as appropriate)**
 |
| First Name  | Last Name (Surname)  |
| Chinese Name (if applicable)  |  |
| Date of Birth (dd/mm/yy) | Sex\* Male/Female |
| Contact Number \_\_\_\_  | E-mail  |
| Current Address   |

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| 1. **Home Institution (\*Please circle as appropriate)**
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| Home Institution\* □ HKU □ CUHK □ HKBU □ Lingnan UUndergraduate / Postgraduate / Exchange\* |
| Major / Specialization  |
| Current Year of Study  |

Please e-mail the completed form to euaphk@hkbu.edu.hk