**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)** |
| Home Institution\* □ HKU □ CUHK □ HKBU □ Lingnan U  Undergraduate / Postgraduate / Exchange\* |
| Major / Specialization |
| Current Year of Study |

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