



Applied Learning “Practical Accounting for SMEs” Briefing Session

Preferred Dates: (1st Choice) _____
(2nd Choice) _____

Preferred Time: From _____ To _____

Size of Audience: _____

Medium of Delivery: Cantonese

Format: About 30 Minutes (Talk Session)
(for reference only) About 15 Minutes (Q&A Session)

Name of School : _____

Address : _____

Contact Person: (*Mr/Ms) _____
(Name in Block Letters)

Position: _____

Tel No.: _____ Fax No.: _____

E-mail: _____

Signature: _____ School Chop: _____
(Principal/Careers Master/Subject Head)

Name: (*Mr/Ms) _____ Date: _____
(in Block Letters)

**Delete as appropriate*