

**The Chartered Institute of Logistics and Transport in Hong Kong**

***Application for Continuing Professional Development (CPD) Accreditation***

Programme Title				
Programme Type	<input type="checkbox"/> Course	<input type="checkbox"/> Seminar	<input type="checkbox"/> Conference	
	<input type="checkbox"/> Briefing Session		<input type="checkbox"/> Group Discussion	
	<input type="checkbox"/> Other, please specify _____.			
Programme Structure	<input type="checkbox"/> Sole Organized		<input type="checkbox"/> Jointly Organized, please specified the number of organizers _____.	
(1) Name of Association/ Institute/ Institution/Society				
Address				
Name of Contact				
Telephone		Fax		E-mail
(2) Name of Association/ Institute/ Institution/Society				
Address				
Name of Contact				
Telephone		Fax		E-mail
(3) Name of Association/ Institute/ Institution/Society				
Address				
Name of Contact				
Telephone		Fax		E-mail
Duration (please mentioned clearly in number of hours)				
Holding Date(s)				
Target Participants				
Quota of Participations				
Programme Objective				

**Information to be provided**

	Yes	No
Programme descriptive document		
Speaker/ Instructor information and CVs		
Registration requirements		

Is there any concession offered to CILTHK members participating the programme? If yes, how many discount percentage will be given?

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Submitted By

Acknowledged By

\_\_\_\_\_  
Title:  
Place:  
Date:

\_\_\_\_\_  
Administration Division of CILTHK  
Date:

*For CILTHK Office Use Only*

**Assessment**

CPD Points Awarded \_\_\_\_\_

**Comments**

Approved By

\_\_\_\_\_  
Chairman of CPD Programme  
Date: