

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?

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: