

THE BUDDHA-DHARMA CENTRE OF HONG KONG LTD.

Application Form for special courses

Name of Applicant (in English)			
	(Surname)	(Given Name)	
Name of Applicant (in Chinese)			
Gender	Male / Female*		
Telephone No.			
Email Address			
Course Applied			
Signature of Applican	t	Date	

^{*}Delete as appropriate.