




Factory Visit Application Form 參觀項目申請表

( ) ISI Membership No: \_\_\_\_\_

( ) HKIE Membership No.: \_\_\_\_\_

<p><u>Event / Visit Detail 參觀項目資料</u></p> <p>Factory Visit: <i>Vitasoy International Holdings Limited</i></p> <p>Program Highlight &amp; Sharing of Practical Application of TRIZ Skills:</p> <ul style="list-style-type: none"> <li>■ Introduction of Vitasoy</li> <li>■ What is aseptic beverage production about?</li> <li>■ How to treat and pack products aseptically without using harmful preservatives?</li> <li>■ What innovative ideas have been applied in beverage production to solve problems?</li> <li>■ How can TRIZ skills help solving problems with contradictory situations?</li> </ul> <p><u>Registration &amp; Enquiries</u></p> <p>The number of participants is limited to 20. For registration, please complete and return this form via Email: <a href="mailto:registration@isi.org.hk">registration@isi.org.hk</a>; the deadline for application is 04 January 2014 or when the registration is full. Successful members will be notified on or before 07 January 2014.</p>	
<p>Event Date 參觀日期: <b>11-Jan-2014, Saturday</b></p> <p>Event Time 參觀時間: <b>0930 am for Registration</b> <b>10:00 to 12:00</b></p> <p>Fee 費用: NIL</p>	<p><u>Gathering Time / Venue:</u></p> <p>We shall gather at <b>0930 am at Tuen Mun Station West Rail Line - Exit F</b> (屯門西鐵站 出口 F 恒生銀行自動櫃員機) and then walk together to the main entrance, 1 Kin Wong Street, Tuen Mun, New Territories (香港新界屯門建旺街 1 號).</p>
<p>Name 申請人: _____</p> <p>Telephone No. 電話號碼 _____</p>	<p>Company Name 公司名稱: _____</p> <p>Email address 電郵地址: _____</p>

Waiver of Liability, Assumption of Risk, and Indemnity Agreement Waiver: In consideration of the opportunity afforded me to participate in this activity, I do hereby release and forever discharge and hold harmless the ISI, HK and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from this activity. I understand that this Release discharges ISI from any liability or claim that I may have against ISI, HK with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from my visit organized by ISI. I understand and acknowledge that potential risks to my health and personal property may be associated with my participation in this activity, and I voluntarily assume those risks. I also understand that ISI, HK does not assume any liability for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

<p>Signature by Applicant 申請人簽署</p>   <p>_____</p> <p>Date 日期:</p>	
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