

## Faces of English 2:

# Teaching and researching academic and professional English

### Group Registration (Full Package)

The Centre for Applied English Studies (CAES) is delighted to invite you to participate in our international conference, Faces of English 2 Teaching and Research Academic and Professional English from 1-3 June, 2017.

Like our international conference in 2015, this 3-day international conference highlights the rich diversity of approaches to understanding the teaching and learning of academic and professional English across the globe. We have invited 10 internationally renowned scholars in English language education and applied linguistics to be plenary and featured speakers for our conference. For more details please visit our conference website: http://caes.hku.hk/facesofenglish2/





#### CAES INTERNATIONAL CONFERENCE | 1-3 JUNE, 2017

#### **FACES OF ENGLISH 2:**





Room 6.60, 6/F, Run Run Shaw Tower, The University of Hong Kong, Pokfulam, Hong Kong E-mail: facesofenglish@hku.hk | Web: http://caes.hku.hk/facesofenglish2

Group registration (Full package) fee:

#### HKD 2,600/person (inclusive of conference dinner and post-conference workshop)

Deadline for group registration: 1st March, 2017 (Wednesday)

Minimum number of participants per group: 6

#### Group registration (Full package) includes:

- Admission to all presentation sessions
- A conference bag containing the conference booklet and stationery
- Morning and afternoon teas
- Lunches during the conference
- Conference Welcome Reception in the evening of 1st June, 2017
- Conference dinner on 2<sup>nd</sup> June, 2017
- Post-conference workshop in the afternoon of 3<sup>rd</sup> June, 2017
- Guided Centre visit (free of charge; sign-up required due to limited spaces)
- Cultural activities at the conference

#### Post-conference Workshops:

Four post-conference workshops will be conducted in parallel by the plenary and featured speakers on 3<sup>rd</sup> June 2017 (Saturday) afternoon. For more details about the workshops please visit http://caes.hku.hk/facesofenglish2/post-conference-workshops/.

Workshop Number	Speakers	Workshop Titles	Time
1	Professor Vijay Bhatia City University of Hong Kong  Criticality in Ge Professional Con Program		15:00-17:30
2	<b>Professor Janet Holmes</b> Victoria University of Wellington	I Workplace Interaction to Assist	
3	<b>Professor John Swales</b> University of Michigan	Using the Michigan Corpus of Upper-level Student Papers (MICUSP) as an EAP Resource	15:00-17:30
4	<b>Professor Ann Johns</b> San Diego State University	Genre Awareness through EAP Reading-into-Writing Tasks	15:00-17:30



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#### Registration and Payment Method:

Full payment is required to confirm registration. All cheques (in HKD only) should be made payable to 'The University of Hong Kong'.

If participants of your group are from:

The same institution:	Different institutions:		
Please send <u>ONE</u> completed group	ONE crossed cheque is required for EACH		
registration form with <u>ONE</u> crossed cheque	institution. Please send all the cheques		
of the registration fees of all participants to	together with <b>ONE</b> completed group		
the following address:	registration form to the following address:		

Dr. Joanna Lee CAES International Conference, Centre for Applied English Studies, Run Run Shaw Tower, The University of Hong Kong, Pokfulam Road, Hong Kong

Please make sure you put your affiliated institution and the name of the main contact person on the back of the cheque.

#### **Confirmation of Registration:**

A confirmation email will be sent to all group participants soon after the successful completion of the group registration.

#### Accommodation:

Please visit our conference website for information about accommodation: <a href="http://caes.hku.hk/facesofenglish2/travel-accommodation/hotel-information/">http://caes.hku.hk/facesofenglish2/travel-accommodation/hotel-information/</a>

#### **Terms and Conditions:**

- 1. Group registration (full package) is only available to interested parties (6 people minimum) on a first-come-first-served basis.
- 2. Payment is non-refundable.
- 3. For whatever reasons, the registration is non-transferable and the details of each participant on the group registration form below cannot be changed. For example, if one or more participant(s) of the group drop(s) out, he/she/they cannot transfer his/her/their registration(s) to other parties.
- 4. An official receipt will be issued on the 1st day of the conference.

If you have any questions/problems regarding group registration, please contact the secretary of the conference organising committee at <a href="mailto:facesofenglish@hku.hk">facesofenglish@hku.hk</a>



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#### **Group Registration (Full Package) Form**

	Participants	Dietary requirement	Workshops (Please choose one)
1.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
2.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
3.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
4.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
5.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian /  Non-vegetarian / Others  (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
6.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
7.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
8.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
9.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4
10.	Name: *Professor/Dr./Mr./Ms./Mrs.  Email: Institution:	* Vegetarian / Non-vegetarian / Others (please specify)	I will attend workshop number * 1 / 2 / 3 / 4

<sup>\*</sup> Please circle as appropriate

Note: Please make additional copies if necessary.