

# Alpha in the Workplace - Course Registration Form



Please use this form to register your Alpha Course if it is not done. Register your course is free of charge. This will enable us to list your course details on the Alpha website & eNews to publicise your course\*. Your information will be given to anyone looking for a local Alpha Course. We will keep close contact with you, supporting your course with prayers and resources.

\* For church, you will enjoy a 10% discount for Alpha resources after registered your course. If you do not wish your course details being disclosed, please check this box . (Your data will be for our internal use only. We will keep it strictly confidential.)

## Church / Organization Details

Name of Church/Organization: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## Course Details

Date of Introductory Dinner/ Celebration Dinner: _____	
Date of your Course (DD/MM/YY) : _____ to _____	
Weekly: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Time: _____	to _____ a.m. / p.m.
Target / Age Group: _____	<input type="checkbox"/> Closed group <input type="checkbox"/> Open to the public
Venue: _____	
How are talks given?	<input type="checkbox"/> VCD (English-speaking with Traditional Chinese Subtitles) <input type="checkbox"/> VCD (Dubbed in Mandarin & Cantonese) <input type="checkbox"/> DVD (English-speaking, also dubbed in Mandarin) <input type="checkbox"/> DVD (Dubbed in Mandarin, Cantonese & Hokkien) <input type="checkbox"/> Alpha Express DVD (English-speaking with Traditional Chinese Subtitles) <input type="checkbox"/> DVD (English-speaking, with Chinese subtitles using Catholic terminologies) <input type="checkbox"/> Live Talk (Speaker: _____)
Number of People: _____	The Team: _____ Guests: _____
Date of Alpha Weekend :	( <input type="checkbox"/> Alpha Day <input type="checkbox"/> Overnight) Place: _____
Any prayer concerns? _____	

## Course Administrator / Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Daytime) \_\_\_\_\_

(Mobile: internal use only)

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please send this form to Alpha Course Hong Kong:**

Unit 1003, 10/F, Kodak House II, 39 Healthy Street East, North Point, Hong Kong

Tel: (852) 2869-1066 Fax: (852) 2869-1313 Email: hkalpha@alpha.org.hk