

# FCSI APD HOFEX PROGRAM

Tuesday May 5<sup>th</sup> – Saturday May 9<sup>th</sup>

HOFEX 2015 Hong Kong



Asia Pacific Division

in conjunction with  
HOFEX 2015



May 6 – 9 2015



We Share  
We Support  
We Inspire

FCSI-APD Secretariat:

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DATE

PROGRAM

**Tuesday,  
May 5th**

**14:00 – 18:00 FCSI APD Board Meeting Part 1**  
APD Office, Servcorp, Hong Kong Club Building

**Wednesday,  
May 6th**

**10:00 – 18:00 FCSI APD Booth**  
HOFEX Trade Show - HKCEC Hall 1 Booth 1A -100

**12:00 – 14:00 FCSI APD Seminar "Global Trends"**  
HOFEX Seminar Room N104

**14:00 – 16:00 FCSI APD AGM and Focus Group Meeting**  
HOFEX Seminar Room N104

**16:00 – 18:00 FCSI & HOFEX ACE Award Presentation and  
Cocktail Reception** \* HOFEX stage area Hall 1  
\* Complimentary to FCSI members – Registration requested

**Thursday,  
May 7th**

**10:00 – 18:00 FCSI APD Booth**  
HOFEX Trade Show - HKCEC Hall 1 Booth 1A -100

**10:00 – 16:00 FCSI APD Board Meeting Part 2**  
HOFEX Seminar Room N104

**Friday,  
May 8th**

**10:00 – 18:00 FCSI APD Booth**  
HOFEX Trade Show - HKCEC Hall 1 Booth 1A -100

**15:00 – 16:30 \*Back of House Tour B**  
Island Shangri La Hotel, Complimentary – Registration  
requested. Meet at APD Booth at 14:30, Hall 1A -100.

**Saturday,  
May 9th**

**10:00 – 16:00 FCSI APD Booth**  
HOFEX Trade Show - HKCEC Hall 1 Booth 1A -100

Thank you to our APD Sponsor





**FCSI Asia Pacific 2015 Annual General Meeting  
In Conjunction with HOFEX 2015, HKCEC**

**Registration Form**

Member Name (Mr / Miss / Ms / Mrs / Dr) .....

Membership Type:  Consultant  Allied  Affiliated Member: Member ID.....

Company Name .....

Address: .....

Telephone: ..... Email .....

**Attending APD Global Trends Seminar:** Yes / No (please circle)  
Number attending: .....

**Attending AGM and Member Focus Group Meeting:** Yes / No (please circle)  
Number attending: .....

**Attending APD HOFEX ACE AWARD presentation and Cocktail reception:** Yes / No (please circle)  
Number attending: .....

**Attending Island Shangri La Hotel BOH Tour (limited numbers):** Yes / No (please circle)  
Number attending: .....

**Details of additional participants**

Name of Participant (please underline surname)	FCSI Member (Yes/No)	Membership Type (Consultant / Allied / Affiliated)	Members ID (if any)	Contact Details (if different from above)

Please complete and return this completed form by fax or email to:

**FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL –  
APD Secretariat**

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