

## Construction Industry Council – Zero Carbon Park Green Partners Programme Application Form

## Name of organization or Individual

(Eng.)						
(Chi.)						
Title (Please tick as appropriate)	□ Mr.	□ Ms.	□Miss	□ Prof.	□ Dr.	□ Ir.
Name of Project Coordinator	(Surname)			First Name)	<u> </u>	
Name of Project Coordinator			(First Name)			
	(Chi)					
Position						
Address						
Tel. No.						
Email Address						
Donation receipt payable						
to						
Donation receipt return						
address						
Sponsorship selection	☐ Logo on LED wall (3-month)		☐ Workshop title sponsor (3-month)		☐ Tree naming (6-month)	
(Please tick as appropriate)						
Green Partner signature					(with co	ompany chop)
Date					(	dd/mm/yyyy)