 **Examination or Desk Copy Request Form**

Please complete and return this form to upmktg@hku.hk.

|  |  |
| --- | --- |
| Name | (Mr/Ms/Dr/Prof)  |
| Department |  |
| Institute |  |
| Address |  |
| Phone & email contacts |  |

|  |  |
| --- | --- |
| Book Title |  |
| Author/Editor |  |
| Course Title |  |
| Course Level |  |
| Number Enrolled |  |
| Semester Starts | month/year \_\_\_\_ / 20\_\_\_\_ |
| How Frequently Is the Course Offered? |  |
| Book Being Considered for  | Main text / Supplementary reading list |
| Current TextBook Title / Publisher |  |

Thank you for your information.

We would consider this request and get back to you as soon as possible.

Any enquiries, please contact the Marketing Department at upmktg@hku.hk.

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