Completing this form will register you as a user of the Minnesota Multiphasic Personality Inventory®-2 (MMPI®-2), Chinese Edition.

WHO CAN REGISTER?
Only individuals can register, but not companies and institutions. This is because the availability of the test materials is restricted to people with specific training or experience.

If you are already a registered MMPI®-1 Chinese Edition user, there is no need to register again. Please use your registration number for MMPI®-1, Chinese Edition.

Please PRINT or type your entries on this form and return it to:
The Chinese University Press, The Chinese University of Hong Kong, Sha Tin, New Territories, Hong Kong.
If you have any queries, please contact the Business Division at 852-3943 9800, by fax at 852-2603 7355 and e-mail at cup-bus@cuhk.edu.hk

Title   Dr / Mr / Ms   Surname ____________________________ First Name __________________________
Name in Chinese (if applicable) _________________________ ID/Passport No.(first 4 letters/digits) ______
Job Title __________________________________________________
Employer’s Name: (if you are self-employed, please give your trading name) ________________________
_______________________________________________________________________________________________
Work Address __________________________________________________________________________________
_______________________________________________________________________________________________
Telephone _________________________ Fax __________________________ E-MAIL ______________________

PROFESSIONAL MEMBERSHIP .................................................................
Please list below the professional bodies of which you are a member, specifying the membership and division membership, if any. (Please attach copy of proof)
________________________________________________________________________________________
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PLEASE ENSURE THAT YOU HAVE COMPLETED BOTH SIDES OF THIS FORM
QUALIFICATIONS AND TRAINING.

Please give details of the training you have received which is relevant to your use of the tests. If there is not enough room, please attach further details on separate sheets. (Please attach copy of proof of academic qualification/relevant training)

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EXPERIENCE OF TESTING.

Please give details of any tests (including the MMPI®-2) you have already used, and whether you administered and/or interpreted them. Similar information about tests you intend to use would also be useful. If there is not enough room, please attach further details on separate sheets.

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UNDERTAKING

I agree to uphold the ethical standards for the use of psychological tests and to safeguard the security of the test materials I have purchased.

Signature ________________________________________ Date _______________________________________________