R E G I S T R A T I O N F O R M

 The fields below with asterisk (\*) must be filled in.

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| **\*Date(s) to attend** |
| 🞏 18 Jan 2019 (Fri) 🞏 19 Jan2019 (Sat) 🞏 20 Jan 2019 (Sun) 🞎 **Request for Certificate of Attendance**  |

|  |
| --- |
| **\*Information of Delegate** |
| Title | 🞏 Professor 🞏 Doctor 🞏 Mr 🞏 Mrs 🞏 Ms |
| Family Name |  | Given Name |  |
| Position |  | Department |  |
| Institution |  |
| Mailing Address |  |
| Country |  |
| Tel |  | Fax (Optional) |  |
| E-mail |  |
|  |  |  |
| **\*Registration Category** |  |
| Members of the below institutions/ societies**🞏** Hong Kong Neurosurgical Society🞏 Hong Kong Neurological Society🞏 Hong Kong Neuro-Oncology Society🞏 International Academy of Pathology, Hong Kong Division🞎 The Hong Kong Movement Disorder Society🞏 Students or staff of The Chinese University of Hong Kong🞏 Staff of Prince of Wales Hospital / Hospitals in New Territories East Cluster (NTEC) | Free |
| Alumni of the below programmes of CUHK🞏 Master of Science Programme in Neurological Sciences (NSSC)🞏 Master of Science Programme in Stroke and Clinical Neurosciences (CNS) | HK$100 |
| Alumni , students or staff of the below institutions🞏 Alumni of The Chinese University of Hong Kong🞏 Students of other universities in Hong Kong🞏 Staff of other hospitals of Hospital Authority | HK$200 |
| 🞏 Overseas delegates / Others | HK$1,000 |
| On-site registration 🞎 Local delegates🞎 Overseas delegates / Others | HK$500HK$1,500 |

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| \***Payment Methods (If applicable)** |
| 🞏 | **Credit Card Payment** | 🞏 Visa 🞏 MasterCard |
|  | Cardholder’s Name |  |
|  | Card Number |  | Security Code# |  |
|  | Expiry Date (mm/yy) |  | Amount in HK$ |  |
|  | Signature of Cardholder |  |
| 🞏 | A bank draft / crossed cheque in HK$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ made payable to "**The Chinese University of Hong Kong**" is enclosed.Note:1. Please write down your name and contact telephone number on the back of the bank draft/ cheque.
2. All bank charges must be paid by participant at source and only local cheques are acceptable.
3. **No refund will be made once the payment is confirmed**.
 |
| # The last 3 digits in the signature area |

Please send the completed registration form to the Congress Secretariat by email, fax or mail.

Congress Secretariat

Division of Neurosurgery, Department of Surgery

The Chinese University of Hong Kong

4/F Lui Che Woo Clinical Sciences Building

Prince of Wales Hospital, Shatin, Hong Kong

Tel: (852) 3505 1316 / 2624 / 1852

Fax: (852) 3505 7974

E-mail: BrainGermCell2019@surgery.cuhk.edu.hk