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.

|  |
| --- |
| **\*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$500  HK$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

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