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\*** |
| 🞏 6 January 2017 (Friday) 🞏 7 January 2017 (Saturday) 🞎 Request for Certificate of Attendance  |

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| **Information of Delegate** |
| Title\* | 🞏 Professor 🞏 Doctor 🞏 Mr 🞏 Mrs 🞏 Ms |
| Gender | 🞏 Male 🞏 Female  |
| Family Name\* |  | Given Name\* |  |
| Position\* |  | Department\* |  |
| Institution\* |  |
| Address\* |  |
| Country\* |  | Tel\* |  | Fax |  |
| E-mail\* |  |
| **Registration Category\*** |  |  |
| Members of the below institutions/ societies | Amount to be paid |
| 🞏 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 programme of CUHK | Amount to be paid |
| 🞏 Master of Science Programme in Neurological Sciences (NSSC)🞏 Master of Science Programme in Stroke and Clinical Neurosciences (CNS) | Free |
| 🞏 Alumni of The Chinese University of Hong Kong🞏 Students of other universities in Hong Kong🞏 Staff of other hospitals of Hospital Authority | HK$400 |
| 🞏 Overseas delegates / Others | HK$1,300 |
| 🞎 Overseas delegates / Others (On-site registration) | HK$2,000 |
| **Payment Methods (If applicable)** |
| 🞏 | **Credit Card Payment** | 🞏 Visa 🞏 MasterCard |
|  | Cardholder’s Name |  |
|  | Card Number |  | Security Code# |  |
|  | Expiry Date (mm/yy) |  | Amount in HK$ |  |
|  | 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.
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| # The last 3 digits in the signature area |
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| Signature of Delegate |  | Date |

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| Please send the completed registration form to the Congress Secretariat by email, fax or mail. |
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| BRAIN2017Division of Neurosurgery, Department of SurgeryThe Chinese University of Hong Kong4/F Lui Che Woo Clinical Sciences BuildingPrince of Wales Hospital, Shatin, Hong KongTel: (852) 2632 1316 / 2632 1852Fax: (852) 2637 7974E-mail: BRAIN2017@surgery.cuhk.edu.hk |

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