

**REGISTRATION FORM**

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

Date(s) to attend*		
<input type="checkbox"/> 6 January 2017 (Friday)	<input type="checkbox"/> 7 January 2017 (Saturday)	<input type="checkbox"/> Request for Certificate of Attendance

Information of Delegate					
Title*	<input type="checkbox"/> Professor	<input type="checkbox"/> Doctor	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> 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
<input type="checkbox"/> Hong Kong Neurosurgical Society <input type="checkbox"/> Hong Kong Neurological Society <input type="checkbox"/> Hong Kong Neuro-Oncology Society <input type="checkbox"/> International Academy of Pathology, Hong Kong Division <input type="checkbox"/> The Hong Kong Movement Disorder Society <input type="checkbox"/> Students or staff of The Chinese University of Hong Kong <input type="checkbox"/> 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
<input type="checkbox"/> Master of Science Programme in Neurological Sciences (NSSC) <input type="checkbox"/> Master of Science Programme in Stroke and Clinical Neurosciences (CNS)	Free
<input type="checkbox"/> Alumni of The Chinese University of Hong Kong <input type="checkbox"/> Students of other universities in Hong Kong <input type="checkbox"/> Staff of other hospitals of Hospital Authority	HK\$400
<input type="checkbox"/> Overseas delegates / Others	HK\$1,300
<input type="checkbox"/> Overseas delegates / Others (On-site registration)	HK\$2,000



Payment Methods (If applicable)

<input type="checkbox"/>	Credit Card Payment	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
	Cardholder's Name		
	Card Number	Security Code [#]	
	Expiry Date (mm/yy)	Amount in HK\$	
	Signature of Cardholder		
<input type="checkbox"/>	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

Signature of Delegate

Date

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

BRAIN2017
 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) 2632 1316 / 2632 1852
 Fax: (852) 2637 7974
 E-mail: BRAIN2017@surgery.cuhk.edu.hk