

REGISTRATION FORM

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

*Date(s) to attend			
<input type="checkbox"/> 18 Jan 2019 (Fri)	<input type="checkbox"/> 19 Jan 2019 (Sat)	<input type="checkbox"/> 20 Jan 2019 (Sun)	<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
Family Name			Given Name		
Position			Department		
Institution					
Mailing Address					
Country					
Tel			Fax (Optional)		
E-mail					

*Registration Category		
Members of the below institutions/ societies <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 programmes of CUHK <input type="checkbox"/> Master of Science Programme in Neurological Sciences (NSSC) <input type="checkbox"/> Master of Science Programme in Stroke and Clinical Neurosciences (CNS)	HK\$100	
Alumni, students or staff of the below institutions <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\$200	
<input type="checkbox"/> Overseas delegates / Others	HK\$1,000	
On-site registration <input type="checkbox"/> Local delegates <input type="checkbox"/> Overseas delegates / Others	HK\$500 HK\$1,500	

*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

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

Congress Secretariat
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