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|  | **CU_4C_w** | **4C_Logo without words_25mmx20mm** |  |  |

**BRAIN 2015 (The 12th Asia Pacific Multidisciplinary Meeting for Nervous System Diseases)**

**6-7 February 2015 - Hong Kong**

http://www.mect.cuhk.edu.hk/brain2015

**Registration Form**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \***Date(s) to Attend** | | | | |
|  | | | | |
|  | 6 February 2015 (Friday) |  | 7 February 2015 (Saturday) | |

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| **Information of Delegate** | | | | |
|  | | | | |
| \*Title: | Professor  Doctor  Mr.  Ms.  Mrs. | | | |
| \*Family Name/ Surname: |  | \*Given Name/ First name: | |  |
| \*Occupation: |  | Department: | |  |
| \*Institution: |  | | | |
| \*Mailing Address: |  | | | |
|  |  | | | |
| \*Country: |  | | | |
| \*Tel: |  |  | Fax: |  |
| \*E-mail: |  | | | |

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| \***Registration Fee** | | | |
|  | | | |
| Category 1 |  | Hong Kong Neurological Society  Hong Kong Neurosurgical Society  International Academy of Pathology, Hong Kong Division  Students/Staff of The Chinese University of Hong Kong  Staff of Prince of Wales Hospital / Hospitals in New Territories East Cluster (NTEC) | Free | |
| Category 2 |  | Alumni of The Chinese University of Hong Kong  Students of other universities in Hong Kong  Staff of other hospitals of Hospital Authority | HKD 300 | |
| Category 3 |  | Overseas delegates / Others | HKD 1,200/ USD 150 | |

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**Registration Form**

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| \***Payment Methods** |
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|  | **Cheque** (For local registrants only) |
|  | Please prepare a cheque made payable to “The Chinese University of Hong Kong” and mail it to: |
|  | *Division of Neurology, Department of Medicine and Therapeutics, The Chinese University of* |
|  | *Hong Kong, 9/F Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T., Hong Kong.* |
|  | |
|  | Please write down your name and contact number on the back of the cheque. |

|  |  |  |  |  |
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|  | **Credit card** | |  | |
|  | Visa | Master |  | |
| Cardholder’s Name | |  | Amount in total: **(HKD only)** |  |
| Card Number | |  | Expiry Date **(dd/mm/yyyy)** |  |
| Signature | |  |  |  |