

Payment Authorization Form

Please fill in this form in English and sign. Return it via Fax: (852) 2295 4399 or Email (the scanned copy): brain2020@cuhk.edu.hk.

Personal Information

Title Prof. Dr. Mr. Ms. Mrs.

Gender Male Female

Family Name/ Surname _____

Given Name/ First Name _____

E-mail _____

Remark _____

Payment Information (Please tick as appropriate)

You may elect to pay your registration fee by any one of the following methods:

A) Credit Card

Please fill out all fields below and return the signed form to us via Fax: (852) 2295 4399 or Email: brain2020@cuhk.edu.hk.

Please charge the registration fee to my credit card

Card Type Visa Master

Cardholder's Name _____

Card Number _____ - _____ - _____

Security Code# _____

Expiry Date (mm/yyyy) _____ / _____

Amount (**HKD only**) _____

HKD

Signature _____

The last 3 digits in the signature area

B) Cheque (for local delegates only)

Please return the form with a crossed cheque payable to “**The Chinese University of Hong Kong**” to the Secretariat. (Address: BRAIN 2020 Secretariat, Division of Neurology, Room 114028, 9/F, Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, New Territories, Hong Kong)

I enclose a crossed cheque of HKD for the registration fee.

- No refund will be made once the payment is confirmed-