**Registration Form**

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

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| --- | --- | --- | --- | --- | --- | --- |
| \***Date(s) to Attend** | | | | | | |
|  | | | | | | |
|  | 14 February 2020 (Friday) |  | 15 February 2020 (Saturday) |  | Request for Certificate of Attendance | |

|  |  |  |  |  |
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| **Information of Delegate** | | | | |
|  | | | | |
| \*Title: | Prof.  Dr.  Mr.  Ms.  Mrs. | | | |
| \*Surname: |  | \*Given Name: | |  |
| \*Position: |  | \*Department: | |  |
| \*Institution: |  | | | |
| \*Mailing Address: |  | | | |
| \*Country: |  | | | |
| \*Tel: |  |  | Fax: |  |
| \*E-mail: |  | | | |

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| \***Registration Fee** | |
| Please indicate your registration category below: | | |
| Members of the below institutions/ societies:  Hong Kong Neurological Society  Hong Kong Neurosurgical Society  Hong Kong Neuro-Oncology Society  International Academy of Pathology, Hong Kong Division  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:  Master of Science Programme in Stroke and Clinical Neurosciences (MCNS)  Master of Science Programme in Neurological Sciences (NSSC) | | Free |
| Alumni, Students or Staff of the below institution / organization:  Alumni of The Chinese University of Hong Kong (except MCNS and NSSC Alumni)  Students of other universities in Hong Kong  Staff of other hospitals of Hospital Authority | | HK$ 200 |
| Members of below Associations / Societies:  The Hong Kong Radiographers’ Association  The Hong Kong Radiological Technologists' Association  Chinese Dementia Research Association  Hong Kong Movement Disorder Society  Hong Kong Stroke Society  Hong Kong Multiple Sclerosis Society  Hong Kong Pain Society  Hong Kong Ophthalmological Society | | HK$ 200 |

|  |  |
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| Others:  Local delegates | HK$ 500 |
| Overseas delegates | HK$1,000 |
| Overseas delegates / Others (On-site registration) | HK$1,500 |

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| \***Payment Methods (If applicable)** |
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| --- | --- | --- | --- | --- | --- |
|  | **Cheque** | | | | |
|  | A crossed cheque of HK$ made payable to "**The Chinese University of Hong Kong**" is enclosed.    Please write down your name and contact telephone number on the back of the cheque.  All bank charges must be paid by participant at source and only local cheques are acceptable. | | | | |
|  | **Credit card** | |  | | |
|  | Visa | Master |  | | |
| Cardholder’s Name: | |  | | | |
| Card Number: | |  | | Security Code#: |  |
| Expiry Date (mm/yy): | |  | | Amount in HK$: |  |
| Signature: | |  | |  |  |

# The last 3 digits in the signature area

**– No refund will be made once the payment is confirmed –**

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

BRAIN2018

Division of Neurology, Department of Medicine and Therapeutics

The Chinese University of Hong Kong

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BRAIN 2020 Secretariat

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