

BRAIN 2020



Registration Form

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

*Date(s) to Attend

- 14 February 2020 (Friday) 15 February 2020 (Saturday) Request for Certificate of Attendance

Information of Delegate

*Title: Prof. Dr. Mr. Ms. Mrs.

*Surname: _____ *Given Name: _____

*Position: _____ *Department: _____

*Institution: _____

*Mailing Address: _____

*Country: _____

*Tel: _____ Fax: _____

*E-mail: _____

*Registration Fee

Please indicate your registration category below:

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

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Others: <input type="checkbox"/> Local delegates	HK\$ 500
<input type="checkbox"/> Overseas delegates	HK\$1,000
<input type="checkbox"/> Overseas delegates / Others (On-site registration)	HK\$1,500

*Payment Methods (If applicable)

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.

BRAIN 2020 Secretariat
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, New Territories, Hong Kong
Tel: (852) 2674 7866
Fax: (852) 2637 3852
E-mail: brain2020@cuhk.edu.hk