

Institute of Brain Medicine

Certificate Course in Neuro-psychopharmacology

Registration Form

Personal Details

Name Dr / Mr / Mrs / Ms _____
(Surname) (Given Name)

Position / Job title _____

Hospital / Home / Office Address

_____ (Country) _____

Telephone _____ Email _____

Mobile _____ Fax No. _____

Course Venue

Location: **Richmonde Hotel, Ortigas Center, Pasig City, Manila, Philippines**
Website: <http://www.richmondehotelortigas.com.ph/>

Course Fee

	Normal Registration
For developed countries	USD 1500
For developing countries	USD 1100
For medical students	USD 600

Payment Methods

1. Cheque

Please issue the cheque payable to "**Institute of Brain Medicine Limited**" and post to our Institute of Brain Medicine office address (See below).

2. Bank Transfer

Please transfer the course fee to the following bank account,

Bank Name and Address: Hong Kong and Shanghai Banking Corporation
1 Queen's Road Central, Hong Kong

IBM Account Name: Institute of Brain Medicine Limited

Account No.: 004-168-852960-838 (USD Savings)

SWIFT CODE: HSBCHKHCHKH

Note :

- To register means that you agree and comply to the following statement:
"I understand that my registration represents my commitment to participate fully in this Course and that selection of session is not encouraged"
- Completed application form should be submitted together with the cheque or bank receipt to the Institute of Brain Medicine in Hong Kong, **no later than July 31, 2016.**
- Confirmation of Course Registration** - A letter will be sent to you by email upon confirmation.
- Hotels** - Course fee does not include hotel accommodation.
- For enquiries**, please email to info@ibrainmedicine.org

Website: <http://www.ibrainmedicine.org>

Fax: +852 2813 0343

Signature: _____

Date: _____