

Certificate Course in Psychopharmacology

Co-organised by

Institute of Brain Medicine and Lundbeck Hong Kong

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 Fee – FREE OF CHARGE

Note :

- (a) 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”
- (b) Completed application form should be submitted by email or fax **no later than 5th May, 2017.**
- (c) Course availability is on a first come first serve basis, limited to 40 seats
- (d) **Confirmation of Course Registration** - A letter will be sent to you by email / by mail upon confirmation.
- (e) **For any enquiries**, please contact our Administration Manager Ms Grace Ng
Institute of Brain Medicine office address: 1406 Crawford House, 70 Queen’s Road, Central, H.K.
Email: info@ibrainmedicine.org Website: www.ibrainmedicine.org
Tel: + 852 2244 8867 Fax : + 852 2813 0197

Signature: _____ Date: _____