

Certificate Course in Psychopharmacology

Co-organized by Institute of Brain Medicine &
The International College of Neuropsychopharmacology (CINP)
2-4 Nov 2019 Sheraton Hong Kong Hotel and Tower

Registration Form

Personal Details

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

Profession / Job title _____

Hospital / Home / Office Address _____

_____ (Country) _____

Telephone _____ Email _____

Mobile No. _____ Fax No. _____

Course Fee

	Full program (3 days)	Any 2 days	(Please circle & indicate dates selected below)
For developed countries	USD 2000	USD 1650	2/11 3/11 4/11
For developing countries CDE	USD 1500	USD 1200	2/11 3/11 4/11
For medical students	USD 800	USD 600	2/11 3/11 4/11

*CDE - Countries with developing economies (As listed in the World Bank List 2014) including :
China , Indonesia, Malaysia, Philippine, Thailand, Vietnam, India, Pakistan, Sri Lanka, Hungary, Romania, Turkey,
Brazil, Mexico

Application for Grant sponsored by CINP

A grant from CINP will support registration and hotel accommodation for a small number of registrants from CDE countries. Applicants for the grant should be nominated by their own Psychiatry Association. (1 applicant maximum from each CDE country). Approval of the grant is subject to the final decision of the Organizing Committee.

To apply for the CINP grant, please attach your Psychiatry Association's nomination letter together with the registration form.

Deadline for All Registration and Application: 10 Oct. 2019

Payment Methods

1. Cheque

Please issue cheque (or bank draft for overseas or mainland) 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: HSBCHKHHHKH

Recommended Accommodation (Special group rate via the Course Organizer and subject to availability)

Sheraton Hong Kong Hotel & Towers
20 Nathan Road, Kowloon, Hong Kong



HK\$1700+10% service charge per room per night
(Inclusive of one daily buffet breakfast and in room internet access)

Website : Marriott.com/HKGS1

Hotel Room Booking (For overseas participants, if necessary)

Date of check-in: _____ Date of check-out: _____

Number of night(s): _____ Type of room : King Bed / Twin Beds Room (please circle)

Name of occupancy: _____ (Surname) _____ (Given Name)

Flight No. _____ Flight arrival date and time: _____

Mobile No. for SMS confirmation sent by hotel: _____

Email address: _____

Special request: _____

Note :

- (a) Completed registration form should be submitted together with the cheque, bank draft or bank receipt to the Institute of Brain Medicine in Hong Kong, **no later than 10th Oct, 2019**.
- (b) **Confirmation of Course Registration** - A letter will be sent to you by email upon confirmation.
- (c) **For any enquiries**, please contact our Administration Manager Ms Elsie Chung
Institute of Brain Medicine - office address: 1406 Crawford House, 70 Queen's Road, Central, H.K.
Email: info@ibrainmedicine.org Fax: +852 2813 0343
Website: www.ibrainmedicine.org

Signature : _____ Date : _____