



Registration Form

The 5th Annual Scientific Meeting
Hong Kong Society of Biological Psychiatry

Biological Social Psychiatry

www.hksbp.org

19 March 2011
Sheraton HK Hotel & Towers
and
20 March 2011
Holiday Inn Golden Mile HK

Please return completed form and payment receipt to:

HKSBP Secretariat c/o SAN Marketing Consultant Limited

Address: Unit D1, 9/F., Block 3, Camel Paint Building, Kwun Tong, Kowloon, Hong Kong

Phone: 852-6053 6282 • Fax: 852-3905 5708 • Email: enquiry@hksbp.org

Registration Deadline: **28 February 2011, Monday**

1. PERSONAL INFORMATION *(Please type in BLOCK letters and ✓ where appropriate)*

<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Family name: _____		First name: _____		
Position: _____				
Organization: _____				
Address: _____				
City: _____		Country: _____	Postal code: _____	
Phone: _____		Fax: _____	E-mail: _____	

2. ACTIVITIES *(Please ✓ where appropriate)*

<input type="checkbox"/> Welcome Dinner	19 March 2011, Saturday (18:30 – 22:00) Ching Room, 4/F., Sheraton HK Hotel & Towers, 20 Nathan Road, Tsim Sha Tsui, Kowloon, HK
<input type="checkbox"/> 5 th ASM	20 March 2011, Sunday (08:30 – 17:00) Crystal Ballroom, Level B3, Holiday Inn Golden Mile HK, 50 Nathan Road, Tsim Sha Tsui, Kowloon, HK

3. REGISTRATION FEES *(Please ✓ where appropriate)*

<input type="checkbox"/> HKSBP Members*	Free of charge
<input type="checkbox"/> Non-HKSBP Members	HKD450
<input type="checkbox"/> Students^	HKD50

**Applies to all Paid-up Members. For membership annual renewal, please return the form on reverse page to the HKSBP Secretariat.
^Student's registration is limited to Undergraduates & Postgraduates of Neuro-science, Mental Health and Medicine related subjects. An official document from the appropriate department for verification is required.*

4. PAYMENT – *Registration is assured only upon receipt of event fees*

I have arranged on (date) _____ by the below payment method (✓) in the above amount to be paid.

<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank draft	<input type="checkbox"/> Telegraphic Transfer (T/T)
Account name: Hong Kong Society of Biological Psychiatry Limited		
Bank name: The Hong Kong and Shanghai Banking Corporation Limited	Bank code: 004	
Account No.: 400-289864-838	Branch code: 400	
Bank Address: 1 Queen's Road Central Hong Kong	Swift Code: HSBCHKHCHK	

● Please mark reference with the full name of the participant on the payment receipt and send together with this Form.
● If the registration fee is made by T/T, please make sure that all bank transfer handling charges to be settled by the participant otherwise the cost difference is required to pay on the spot.

5. TERMS & CONDITIONS

5.1. Registration Form received without registration fees will **NOT** be processed.

5.2. Meeting programme is subject to change without prior notice.

5.3. In the unlikely event of cancellation of the Meeting, there is no refund for any paid registration fee.

5.4. The information provided will be used for registration and HKSBP promotion. For correction of personal data after submission, please forward the request to the HKSBP Secretariat.



Hong Kong Society of Biological Psychiatry 香港生物精神醫學會

www.hksbp.org

Membership Application / Renewal Form

Please type in BLOCK letters and ✓ where appropriate.

Professor Dr. Mr. Mrs. Ms.

Family name: _____ First name: _____

中文姓名: _____ Gender: Male / Female

Position: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____ E-mail: _____

Professional Qualification (s): _____

Nominated by (For new subscribers): _____ (Must be a Full Member)

I hereby apply for: (For details of the membership category, please refer to our website at www.hksbp.org)

Full / Associate / Affiliate / Student / Corporate

Membership Fee:

3-Year: HKD700 OR 1-Year: HKD300

Crossed cheque and made payable to:

"Hong Kong Society of Biological Psychiatry Limited"

(Official receipt will be issued upon request)

Signature: _____ Date: _____

Please return the completed form with the cheque payment to
The Secretariat of HKSBP c/o SAN Marketing Consultant Limited
Unit D1, 9/F, Block 3, Camel Paint Building, Kwun Tong, Kowloon

Tel: 6053 6282 Fax: 3905 5708 E-mail: enquiry@hksbp.org

Notice to Data Subject Regarding Personal Data Disclosed to Hong Kong Society of Biological Psychiatry Limited

The personal data provided by you will be accessible only to those persons who are directly involved in the operation of the Society. They are required to observe the rule of confidentiality under the *Personal Data (Privacy) Ordinance* and other relevant ordinances. Personal data are only disclosed when the Society authorizes such disclosure. You have right of access to and correction of personal data held on you by the Society. Your right of access includes the right to obtain a copy of your personal data which may subject to payment of a fee as prescribed by the Executive Committee.