

(Internal Use) Registration No: \_\_\_\_\_

# **SLEEP2018**

## 21-25 November

## **REGISTRATION FORM**

PERSONAL	INFORMATION (Please	fill in using capital letters)	
First Name			
Middle Nan	ne		
Family Nam	e		
Title	Dr. Professor	Ms Mr	
JOB INFORM	/IATION		
Position	Specialty		
Institution	Department		
	INFORMATION		
Address: Tel. No.:			
MODILE:		Email:	
REGISTRAT	ION FEE		
		Early-bird Rate (On or before 30 Sept)	Normal Rate (After 30 Sept)
PSG Workshop (Include Conference )		□HKD 4,800	□HKD 5,800
Psychotherapy Workshop		□HKD 1,000	□HKD 1,500
Conference, PSG Workshop & Psychotherapy Workshop		□HKD 5,300	<b>□</b> HKD 6,300
Conference		<b>□</b> HKD 1,200	<b>□HKD 1,800</b>
Day	24 Nov (Sat)		□HKD 1,000
Day			
Day Rate	25 Nov (Sun)		□HKD 1,000

#### FOR INFORMATION AND REGISTRATION

#### Methods of Payment:

- Online payment is encouraged. Have your credit card (VISA/Master) ready and click to proceed to online payment.
- 2. Cheque

Cheque is made payable to "The Chinese University of Hong Kong" and send thru registered mail to: Ms Mandy Yu, 7/F, Shatin Hospital, 33 A Kung Kok Street, Ma On Shan, N.T., Hong Kong

3. For bank deposits thru Wire Transfer: The Chinese University of Hong Kong Account number: 293-005005-001 Name and Address of Bank: Hang Seng Bank Limited, Kowloon Main Branch, 618 Nathan Road, Kowloon, Hong Kong Swift code: HASE HKHH Kindly scan the deposit slip or wire transfer copy and email to mandyyu@cuhk.edu.hk

Confirmation will be sent to all participants by email after receipt of the registration form with

payment.

Refund

Provided that written notice of withdrawal reaches the Secretariat **before 21 October 2018, 50%** of the registration fee will be refunded. No refunds will be issued for cancellations after this date or conference nonattendance.