

Meeting Adult Autism Spectrum Disorders (ASD) Individuals

Online Workshop

Enrolment Form

Personal Particulars

Name (Dr / Mr / Ms): _____ Rank: _____

Department / Unit: _____

Hospital / Organisation: _____

Corresponding Address: _____

Tel: _____ Fax: _____

Email: _____ (For application result and other notifications)

Zoom Account (Email): _____

** Participants are required to register a Zoom account in advance.*

Learner ID (For HA eLC): _____

I will submit a case summary via email on or before **5 August 2021**.

Declaration of Payment

I have enclosed a crossed cheque of HK\$ _____ payable to: **"Hospital Authority"**.

** If you would like to enjoy student price, please enclose **a copy of your student card** for verification.*

Cheque No.: _____ Bank: _____

Date: _____ Signature: _____

For enrolment, please complete this enrolment form and mail to the following address together with the payment:

Address: **Institute of Mental Health, Castle Peak Hospital**
15 Tsing Chung Koon Road, Tuen Mun, New Territories

Tel: 2456 7773 (Ms. HO) Fax: 2455 9330

Email: cph_imh@ha.org.hk Website: www.imh.org.hk

Important Notes:

- ◆ IMH reserves the rights not to admit an applicant.
- ◆ IMH is NOT responsible (financial or otherwise) for event cancellation, interruption or inconvenience due to inclement weather or other circumstances beyond the control of IMH. Enrolled participant is NOT eligible for any refund due to postponements or cancellation on account of such circumstances.

I have read and I agree to the Important Notes stated above.

I DO NOT wish to receive latest information from the IMH via email.

Signature: _____

The Institute of Mental Health as a data user undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate, securely kept and used only for the purpose for which they have been collected.

