

Organizers:



基督教家庭服務中心

Christian Family Service Centre



Nurture A.R.T. Self Adolescent Mental Health And Art Therapy Conference

2016

Registration Form

A. PERSONAL PARTICULARS (Please the appropriate)

Title: Prof. Dr. Mr. Ms.

Surname: _____ First Name: _____

Organization/ _____

Institution: _____ Post: _____

Mailing Address: _____

Tel.: _____ Fax: _____

Email: _____

B. REGISTRATION FEES (Please the appropriate)

Topic of the Conference and Workshops		Registration Fees	
		Early-Bird Price (Before 1/9/2016)	Full Price (After 1/9/2016)
<input type="checkbox"/> Pre- Conference Workshop: Mentalisation "Level one" Training (26-27 Oct 2016)		<input type="checkbox"/> HK\$4,000	
<input type="checkbox"/> Conference (28-29 Oct 2016) AND Conference Parallel Workshops (29 Oct 2016)		<input type="checkbox"/> HK\$2,500	<input type="checkbox"/> HK \$3,000
Please select <u>one</u> topic (1 or 2) for each workshop			
Workshops (A)	<input type="checkbox"/> (1) Using Art to Bridge the "Wall of Fear"	<input type="checkbox"/> (2) Using Strengths Based Art Facilitation to Open the Window into the Adolescent's Internal World	
Workshops (B)	<input type="checkbox"/> (1) Therapeutic Empathy in Art Therapy: A Pathway towards Healing and Wholeness for Adolescent Females who Self-injure	<input type="checkbox"/> (2) Art Therapy and Body Image	
Workshops (C)	<input type="checkbox"/> (1) Creative Arts for Patients at E.A.S.Y.	<input type="checkbox"/> (2) Using Art Therapy on Strengthening Attachment and Family Resilience between Cancer Patients and Their Children in Treatment Stage.	

<input type="checkbox"/> Post- Conference Workshop: Working with Adolescents: Exploring Metaphors in Existential Art Therapy (30-31 Oct 2016)	<input type="checkbox"/> HK\$3,000
Total (HK\$):	_____

C. PAYMENT METHOD

- Cheque payment (Please make a crossed cheque payable to “Christian Family Service Centre”)**

Bank : _____ Cheque No : _____

Please return the registration form with a crossed cheque to the following address.

- Transfer**

Direct transfer to “ Christian Family Service Centre” , HSBC 030-001580-001 or Bank of East Asia 531-40-06926-5 and fax 2706-5776 or mail the bank slip and the form to the following address.

Address: Centre for Adolescent Mental Health Prevention and Intervention
G/F, Hong Lam House, Tsui Lam Estate, Tseung Kwan O, Kowloon.

Notices :

- ◆ You can fax: 2706 5776/E-mail: ym@cfsc.org.hk the completed registration form to reserve the seat and send the crossed cheque / bank slip later. Please write your name and phone no. at the back of the cheque / bank slip.
- ◆ You will be notified by e-mail to confirm your application after completing the application procedure.
- ◆ Receipts will be issued on the day of the Conference/Workshop.
- ◆ Unless the application is not accepted or the Conference/Workshop is cancelled, the payment will not be refunded or transferred.
- ◆ If the Typhoon Signal no. 8 or above, or the Black Rainstorm Warning Signal is hoisted, the conference /Workshop will be cancelled. Details of postponement will be announced later.

D. ENQUIRY

Tel: (852) 2706 5262

Fax: (852) 2706 5776

Email: ym@cfsc.org.hk

Signature of the Applicant : _____

Date : _____