

## **Cognitive Rehabilitation**

DATE TIME VENUE			oon om, Rehabaid Centre, G/F, Core The Hong Kong Polytechnic Ur	•	
PROF/DR/MR/N *please delete where					
NAME (English)			(Chinese)		
OCCUPATION	& POSIT	ION			
NAME OF ORGANIZATION			DEPT		
CORRESPONE	ENCE A	DDRESS			
			FAX NUMBER		
MOBILE PHONE NUMBER			E-MAIL		
REGISTRATION	N FEE : \$	\$500			
CHEQUE NO.** *please issue one cheque for each applicant.			BANK		
SIGNATURE			DATE		

Please fill in the enrollment form, attach a crossed cheque payable to **Rehabaid Society** and return to G/F, Core S, The Hong Kong Polytechnic University, Hunghom, Kowloon, on or before **1 March 2019**.

Applicants will be notified about the application result. The workshop fee paid is not refundable or transferable but cheques will be returned if the workshop is over subscribed.

If you have any questions about the workshop, please contact Ms Chan at 2364 2345.