

# Neonatal Behavioral Observation (NBO) Training Hong Kong 2016

Organized by Hong Kong Association for Infant Mental Health Limited



## Registration form

Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (pls specify) _____
Name: (Last name)	(Given name)
Please write the name you wish to put on the "Attendance Certificate"	
Occupation:	<input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Family physician <input type="checkbox"/> Nurse <input type="checkbox"/> Counselor <input type="checkbox"/> Family therapist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Speech therapist <input type="checkbox"/> Early childhood educator <input type="checkbox"/> Child care supervisor/worker <input type="checkbox"/> Other (pls specify) _____
Job Title:	
Organization:	
Address:	
Phone:	Email (please write clearly as registration will be confirmed by email):

<b>Training fee</b>	Please tick the appropriate box	I here attach a cheque no. _____
Standard price	<input type="checkbox"/> HK\$4,700	(Bank _____) to pay an amount of
HKAIMH members	<input type="checkbox"/> HK\$4,500	HK\$ _____.

Please return the completed form with a crossed cheque made payable to the "**Hong Kong Association for Infant Mental Health Limited**", and mail to Room 2802, Admiralty Centre, Tower 1, 18 Harcourt Road, Hong Kong, specifying "NBO Training 2016" on the envelope. For enquiry, please call 3748 3780 or leave your message at [hkaimh@gmail.com](mailto:hkaimh@gmail.com).

- The organizer reserves the rights to confirm the registration.
- Please be noted that the registration fee is non-refundable.
- In case of typhoon signal no. 8 or black rainstorm warning signal remains in effect at or after 7:00am, the training activity will be re-scheduled or cancelled, and details will be announced.
- Accreditation for CME (Psychiatrist), CME (Paediatrician), DCP (Clinical Psychologist), Occupational Therapist and Speech Therapist to be granted upon approval of the respective authorities.

I **\*do / do not** wish to be contacted by the HKAIMH through email / direct mail / phone calls\* for any direct marketing purposes of events and professional trainings in the future. The HKAIMH shall not so use my personal data without my consent. (*\*please delete as inappropriate*)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_