

*“Managing Difficult People: Working with Personality Disorders in the Workplace”*

**Registration Form 報名表**

稱謂 Title	<input type="checkbox"/> 女士 Ms. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 教授 Prof. <input type="checkbox"/> 博士 Dr.		
姓名 Name	(英文 Eng.)		(中文 Chinese)
機構 Organization			
地址 Address			
聯絡電話 Tel. No.	(手提 Mobile)		(辦公室 Office)
電郵 E-mail			
職位 Position	<input type="checkbox"/> 社工 <input type="checkbox"/> 輔導員 <input type="checkbox"/> 福利工作員 <input type="checkbox"/> 保健員 <input type="checkbox"/> 護士 <input type="checkbox"/> 其他：_____		
收費 Fee	<input type="checkbox"/> \$1080 <input type="checkbox"/> \$980 (5月10日前 before 10 MAY) <input type="checkbox"/> \$880 (三人同行每位 Group of 3 per person)		
支票號碼 Cheque No.			所屬銀行 of Bank

(每位參加者填寫一份報名表。如有需要，請自行影印。 Complete one form for each applicant. Please photocopy if necessary.)

**報名方法及細則 Enrollment Methods and Conditions :**

- **支票報名：**請填妥報名表，連同劃線支票【抬頭：香港心理衛生會】，寄回「九龍九龍灣臨樂街19號南豐商業中心1002室」。請於支票背面寫上申請人姓名及電話。  
By Cheque: Post the completed registration form and crossed cheque to “Rm 1002, 10/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon”. The crossed cheque should be payable to “The Mental Health Association of Hong Kong” with the Applicant’s name and contact number written on the back of the cheque.
- **現金報名：**填妥報名表，親身到以下地址繳交：九龍九龍灣臨樂街19號南豐商業中心1002室。  
By Cash: Submit the completed registration form in person to “Rm 1002, 10/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon”
- 成功申請者將會以電郵確認，收據將於課程當天派發。  
Successful applicants will be confirmed by email. Receipt of application fee will be presented in the course.
- 除課程滿額、取消、改期等情況，已繳費用恕不退還。  
Course fees are non-refundable unless the course is full, cancelled or rescheduled.
- 如八號颱風訊號或黑色暴雨警告訊號懸掛，課程將會取消或延期，詳情容後通知。  
If Typhoon Signal No. 8 or Black Rainstorm Signal is hoisted, the course will be cancelled or postponed. Details of arrangements will be announced afterwards.

申請人簽名 Signature of applicant : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

由本會職員填寫 For Internal Use Only :

日期 Date:

收據編號 Receipt No.:

備註 Remarks: