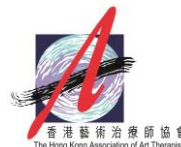


Organizer:



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		
			Full Price	Early-Bird Price	Package Price
			After 1/10/2016)	Before 1/10/2016	Before 1/10/2016
<input type="checkbox"/> (1). Pre- Conference Workshop: Mentalisation “Level one” Training By Dr. Neil Springham (26-27 Oct 2016)			<input type="checkbox"/> \$4,000		
<input type="checkbox"/> (2) Conference (28-29 Oct 2016) AND Conference Parallel Workshops (29 Oct 2016)			\$3,000	\$2,500	Package1 <input type="checkbox"/> \$5,200 (1)+(2)
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			Package2 <input type="checkbox"/> \$4,400 (2)+(3)
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			Package3 <input type="checkbox"/> \$5,600 (1)+(3)
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.			Package4 <input type="checkbox"/> \$6,650 (1)+(2)+(3)

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

### 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 mail the bank slip and the completed 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 mail 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 :** \_\_\_\_\_