Organizer:





心· 聯繫一親子心理健康藝術治療會議 (第二屆) HeART Connection- Art Therapy Conference on Parent-child Relationship for Mental Wellness (2nd)

報名表 Registration Form

A. 個人資料 P	ERSONAL PARTICULARS (請任	通當位直回 Please 回 the a	ppropriate)	
稱謂 Title: □	教授 Prof. □博士 Dr. □	先生 Mr. □女士 Ms.		
姓氏 Surname:		名稱 First Name:		
機構 Organizati	on/			
Institution:		職位 Post:		
電話 Telephone	::	傳真 Fax:		
電郵 Email:				
B. 報名費用 RE	GISTRATION FEES (請在適當位	位置☑ Please ☑ the approp	riate)	
	費用 Registration Fees			
		早烏		
1	Full Price	Early-Bird Price		
	(28.9.2018)	(28.9.2018)		
			後/After	前/Before
□ (1). 會前親子工作坊:「親子藝術鬆一鬆」 (14.11.2018) Pre-Conference Workshop for Parent-child: HeArt			□ \$200	
Pre-Co				
	A. A.C			
	會前工作坊 lays Pre-conference Workshop	(15-16.11.2018)	□ \$3,000	□ \$2,800
"The (
	及平行工作坊	(17.11.2018)		
Confe				
請選擇下列是				
工作坊	□ (1) 親子關係如何影響兒	□ (2) 藝術治療中的人偶		
Workshops	童的發展與行為	應用	□ \$1,000	□ \$900
(A)	Attachment of Parent-child	Using figurines in art therapy	L 31,000	_ +555
	on Children Development	for family communication		— 4000
	and Behavior			\$800
工作坊	□ (1) 如何運用「親子藝術	□ (2) 藝術治療如何支援孩		(10 人或以 上團體購票
Workshops	治療」協助心靈受創的兒童	子處理與至親關係之失落		上母股牌不 group
(B)	Making Art Together: an art	Art therapy in supporting		purchase for
	therapy approach in working with traumatized children	children to cope with the loss in relationship with		10 people or
	with tradifiatized tillidreff	significant others		above)
		Significant others		

工作坊	口(1) 應對精神病患的親子	□ (2) 強化親子雙向溝通與					
Workshops	藝術治療 Parent-child Art Therapy in	優勢之藝術治療					
(C)	coping with mental illness	Dyadic Parent-Child Art Therapy workshop for					
(5)		enhancing communication					
		and strengths					
	會後工作坊 「藝術治療激發兒	望童無限的可能」 (18-19.11.2018)					
Two d	□ \$2,500	□ \$2,300					
"Cultivating children's infinitive possibilities through art therapy"			. ,	. ,			
	,						
		Total (HK\$):	\$				
C. 付款方法	PAYMENT METHOD						
□ 支票 (抬頭	項請寫「基督教家庭服務中						
Cheque pa	ayment (Please make a crosse	d cheque payable to "Christia	n Family Servi	ce Centre")			
銀行 Bank:	銀行 Bank: 支票號碼 Cheque No:						
請連同報名表表	产往以下地址 Please return the re	egistration form with a crossed ch	eque to the foll	owing address.			
□ 銀行轉帳	Transfer						
		fer to " Christian Family Servi	ce Centre" .				
		銀行 Bank of East Asia 531-4					
	, , , , _						
*請將人數紙理	向報名表奇至以下地址 Please	mail the bank slip and the form to	o the following	address.			
地址 Address:	Centre for Adolescent Menta	al Health Prevention and Interv	<u>ention</u>				
	G/F, Hong Lam House, Tsui La	am Estate, Tseung Kwan O, Kow	<u>/loon.</u>				
注意事項 Noti	ices:						
,		電郵至本中心,然後將入數紙或支	票寄往本中心。				
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. ① 我們命以感動遊遊遊遊之红里。							
◆ 我們會以電郵確認報名結果。 You will be notified by e-mail to confirm your application after completing the application procedure.							
◆ 收據將於會議/工作坊當日發放。							
Receipts will be issued on the day of the Conference/Workshop.							
◆ 一經繳費,不設退款。 Unless the application is not accepted or the Conference/Workshop is cancelled, the payment will not be refunded or							
transferred.							
◆ 如會議/工作坊當天懸掛八號熱帶氣旋或黑色暴雨警告,活動將取消。活動之日後安排,將隋後通知。							
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. 查詢 ENQU	IRY						
電話 Tel: (852) 2	706 5262						
傳真 Fax: (852) 2	2706 5776						
電郵 Email: ym@	Ocfsc.org.hk						
签署 Signature	of the Applicant:		ite:				