

Christian Family Service Centre
Zero Toxin Teen Project

Children with Mental Health and Substance Abuse Problem: Understanding, practice and reflection
《兒童精神健康與濫藥之理解、實踐及反思》研討會 (2010)

Registration Form

Name : _____ (English) _____ (Chinese) Sex: _____

Company/ Organization Name : _____

Mailing Address : _____ Fax : _____

Phone No : _____ (Mobile) _____ (Office) Email Address : _____

Occupation : Teacher Social worker others: _____

Social work student, School name: _____ Student no. _____

Fees : \$50 / \$20 (Full-time student) Cheque No: _____ Bank: _____

Notices :

- ◆ Please send the completed registration form with a crossed cheque payable to “**Christian Family Service Centre**”, attention to “ **Children with Mental Health and Substance Abuse Problem: Understanding, practice and reflection**” to **Zero Toxin Teen Project , G/F, On Lam House, Tsui Lam Estate, Tseung Kwan O, Kowloon**
- ◆ Or you can fax/E-mail the completed registration form to fax no. 2703 6767/ E-mail: petsy_chow@cfsc.org.hk first and send the crossed cheque later. Please write your name and phone no. at the back of the cheque.
- ◆ You will be notified by email to confirm your application.
- ◆ Receipts will be issued on the day of the seminar.
- ◆ Unless the application is not accepted or the seminar 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 seminar will be cancelled. Details of postponement will be announced later.

Signature of the Applicant : _____ Date : _____

(For Office use only) :

Date : _____ Receipt No. : _____ Remarks : _____

Enquires : Zero Toxin Teen Project , Adam Chan/ Petsy Chow

Tel: 2703 6670/ 6732 7143 Fax: 2703 6767 Email: petsy_chow@cfsc.org.hk