

Registration Form – Mental Capacity Masterclass: Clinical Assessment and Legal Standards

Date: 27 November 2026

Section 1 — Applicant Particulars

1. Name _____
 2. Position _____
 3. Department _____
 4. Organization _____

 5. Contact No. _____
 6. Email Address _____
 7. Fax No. (if any) _____
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Section 2 — Registration Fee

Fee type (choose one of the following)

- ☐ HK\$2,000 — Early Bird (on or before Nov 1 2026) - **HKPGA Member**
 - ☐ HK\$2,500 — Standard (Nov 2 2026 or afterwards) — **HKPGA Member**
 - ☐ HK\$2,500 — Early Bird (on or before Nov 1 2026) - **Non-HKPGA Member**
 - ☐ HK\$3,000 — Standard (Nov 2 2026 or afterwards) — **Non-HKPGA Member**
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Section 3 — Payment Method

Payment method — FPS/Bank Transfer

Bank Name: Standard Chartered Bank

Account Name: Hong Kong Psychogeriatric Association Limited

Account Number: 366-0-001801-2

Payment Reference: MCM – Name – Contact number – Amount Paid in HKD

Example: MCM-JohnTMCHAN-98765432-2500

Instruction:

Please email the completed registration form and proof of payment (Bank account receipt / transaction confirmation / transfer confirmation screenshot) to **info@hkpga.org** with the subject line: **MCM Payment: [Participant Name]**

Section 4 — Important Registration Deadlines

Early Bird Deadline:

1 November 2026

Final Submission Deadline:

14 November 2026

Late submissions:

Forms/payment proofs received or postmarked after 14 November 2026 will be accepted entirely at the organizer's discretion. Submission after the deadline does not guarantee entry.

Registration confirmation:

Registration is not confirmed until official written confirmation is received from the organizer.

Payment verification:

For FPS/bank transfer registrations, registration remains pending until proof of payment and the correct registration fee have been received and verified. Failure to submit proof of payment will result in automatic cancellation of the registration slot.

Section 5 — Refund Policy

Refund requests must be submitted in writing by email or formal letter.

Request received	Refund
Before 1 November 2026	100%

Before 14 November 2026	50%
On or after 14 November 2026	No refund

Section 6 — Declaration

Applicant Signature_____

Date _____

Declaration checkbox — *Required*

☐ I confirm that the information provided in this registration form is accurate and that I have read and understood the registration, payment, confirmation and refund policies.