**Rehabaid Society Seminar**

**Registration Form**

I would like to register to attend the following seminar (本人現報名參加下述講座)：

**Holistic Techniques for People Who have Special Educational Needs- “Handwriting Training”**

**「為有特殊學習需要人士提供全面訓練 之 “書寫訓練”」**

**Date (日期) :[24 November & 1 December 2018 (Saturday) / 2018年11月24日及12月1日(星期六)]**

**Time (時間) : 9:30am to 12:00pm**

**Venue (地點): G/F, 7 Sha Wan Drive, Pokfulam, HONG KONG (香港薄扶林沙灣徑七號地下)**

**Application (報名方法)：**

**Please return the Registration Form with a cheque to (請填妥此表格後連同支票郵寄):**

**Rehabaid Society, G/F, Core S, Hong Kong Polytechnic University, Hunghom**

**(紅磡香港理工大學 S座地下 復康專科及資源中心) 或**

**Fax (傳真至): 2764 5038 或 Email (電郵至):** [**admin@rehabaidsociety.org.hk**](mailto:admin@rehabaidsociety.org.hk)**留位。**

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| 姓名：(大楷) | |  | | | | | (英文) | | | | |  | | | | | | (中文) | | |
| 職業： | |  | | | | | 聯絡號碼: | | | | | |  | | | | |  | | |
| 隸屬部門 / 機構： | |  | | | | |  | | | 電郵地址： | | | | | | | |  | |  |
| 住宅地址： | |  | | | | |  | | |  | | | | | | | |  | |  |
| 從何得知本工作坊資料： | | | | |  | | | |  | | | | | | | | |  | |  |
|  | | | | |  | | | |  | | | | | | | | |  | | |
| **本人希望登記參加以下工作坊：** | | | | | | | | | | | | | | | | | | | | |
| 🞏**第一講** | **與手部功能有關的書寫不力** | | | | | | | | | | | | | **(**工作坊日期: **2018年11月24日)** | | | | | | |
| 🞏**第二講** | **處理手部功能以外的書寫不力** | | | | | | | | | | | | | **(**工作坊日期: **2018年12月1日)** | | | | | | |
| **時間：** | **11月24日及12月1日 (週六) 上午九時半至中午十二時** | | | | | | | | | | | | | | | | | | | |
| **地點：** | **香港薄扶林沙灣徑七號地下 扶輪兒童復康專科及資源中心** | | | | | | | | | | | | | | | | | | | |
| **付款詳情:** | | | | | | | | | | | | | | | | | | | | |
| 🞏**第一講** | 費用: 參加人數: | | | | |  | | | | | | 🞏港元$60 | | | | | 合計:港元$ | |  | |
| 🞏**第二講** | 費用: 參加人數: | | | | |  | | | | | | 🞏港元$60 | | | | | 合計:港元$ | |  | |
| 🞏**第一講及第二講** | | | | 費用:參加人數: | | | |  | | | | 🞏港元$100 | | | | | 合計:港元$ | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 本人現附上支票 (支票抬頭為「**復康資源協會**」或**Rehabaid Society** ) | | | | | | | | | | | | | | | | | | | | |
| Cheque No.支票號碼： | | |  | | | | | | | | Bank銀行： | | | | |  | | | |  |
| (參加證書及收據會於工作坊當天派發) | | | | | | | | | | | | | | | | | | | | |
| 參加者簽署： |  | | | | | | | | 日期： | | | | | |  | | | | |  |
|  |  | | | | | | | | |  | | | | | | | |  | | |
| **Notes:**   1. **Places will be allocated on a first-come-first-served basis.** 2. **Confirmation will be issued for your reservation via email.** 3. **When enrollment is full, announcement will be posted on the website at** [**www.rehabaidsociety.org.hk**](http://www.rehabaidsociety.org.hk)**.** | | | | | | | | | | | | **備注：**  **名額先到先得。 報名確認會以電郵形式送出。**  **額滿消息將於本協會網站www.rehabaidsociety.org.hk 公告** | | | | | | | | |