Form A

# The 8th Asian Congress of Oral and Maxillo-Facial Radiology

OFFICE ONLY

NO. _____

## REGISTRATION FORM

Fill the form and send it to Secretary General via FAX

☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

NAME :

First Name / Middle Name / Family Name

AFFILIATION :

MAILING ADDRESS: ☐ Home ☐ Office Country Post Code :

TEL : FAX : E-mail :

ACCOMPANYING PERSON ☐ Mr. ☐ Ms.

NAME :

First Name / Middle Name / Family Name

| | Registration On or Before Sep 1, 2010 | On-Site Registration After Sep 1, 2010 | No. of Person(s) | Amount to be Paid |
|---|---|---|---|---|
| Participant | US $ 300 | US $ 350 | | US $ |
| Student | US $ 200 | US $ 250 | | US $ |
| Accompanying Person | US $ 150 | US $ 150 | | US $ |

Total Amount US $

■ **PAYMENT** **Total Due**: US $

☐ By CREDIT CARD ☐ I authorize to debit my credit card for the total amount due.

☐ VISA (13 to 16 digits) ☐ MasterCard (16 digits) ☐ JCB

Card Number : 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Exp. Date : ____ / ____ Month Year

Cardholder's Name (As stated on the Card) :

Country the Card was Issued :

☐ By BANK TRANSFER

When sending payment by bank transfer, please note that bank transmission fees have to be paid by the transmitter. To enable us to identify your payment, please ensure that your name and the 8th ACOMFR appears on the wire transfer. A copy of the bank receipt must be sent by e-mail together with the completed registration form.

BANK NAME & BR. : **KWANGJU BANK, CHOSUN UNIVERSITY BR.**
BANK ADDRESS : **INT'L BUSINESS DEPT. 15FL KWANGJU BANK BLDG.**
**7-12 DAEIN-DONG, DONG-GU, KWANGJU 501-730, SOUTH KOREA**
ACCOUNT NO. : **002122022313** ACCOUNT NAME : **KIM JAE DUK (8th ACOMFR)**
SWIFT CODE : **KWABKRSE**

■ DELEGATE REGISTRATION INCLUDES : All Scientific Program, Welcome Party, Banquet.

■ Registration forms not accompanied by payment will not be processed. We regret that cheques cannot be accepted, so please do NOT send any money or cheques by mail. The Congress Organizer is NOT responsible for money sent in a way other than mentioned above. The Organising Committee will accept no liability for any kind of money loss.

MAILING ADDRESS :

**FAX : 82-63-250-2081**

**Dr. Kwang-Joon Koh**, Secretary General
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____ / ____ / 2010
Date : Month Day Year

Signature