



# Registration Form

- Please print or type all requested information on the form.
- Please complete this form and return it to the Secretariat of the 13th WPACCM by fax or e-mail no later than **March 31, 2004**.
- A registration form will be available at the 13th WPACCM website ([www.wpaccm2004.org](http://www.wpaccm2004.org)) and may be photocopied for use.

## A. PERSONAL INFORMATION

Title:  Prof.  Dr.  Mr.  Ms.  Other ( )

First Name

Last Name

Department

Institution/ Organization

Mailing Address

City

Zip / Postal Code

Country

Phone

Fax

E-Mail

Accompanying Person 1  Mr.  Ms.

First Name

Last Name

Accompanying Person 2  Mr.  Ms.

First Name

Last Name

## B. REGISTRATION FEE

Category	Before April 1, 2004	On or after April 1, 2004	Sub Total
<input type="checkbox"/> Professor/ Doctor	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 400	<b>US\$</b>
<input type="checkbox"/> Trainee/ Fellow / Nurse	<input type="checkbox"/> US\$ 250	<input type="checkbox"/> US\$ 300	
<input type="checkbox"/> Accompanying ( ) Person(s)	<input type="checkbox"/> US\$ 100/person	<input type="checkbox"/> US\$ 150/person	

\* Registrant will be allowed entry to all scientific sessions (**except Pre-Congress Symposium, Sunrise Seminars**), Luncheon Symposia, Workshops, Exhibition, Opening Ceremony & Welcome Reception, Coffee Breaks and Congress Kit.

\* Accompanying persons are entitled to enter the Opening Ceremony & Welcome Reception, Exhibition and Accompanying Persons' Program.

## C. SCIENTIFIC PROGRAM

Category		Fee	Sub Total	
<input type="checkbox"/> Pre-Congress Symposium	13:00 ~ 17:00, June 10, 2004	US\$ 50	<b>US\$</b>	
<b>Sunrise Seminar</b>	June 11, 2004 (08:00-08:40)	<input type="checkbox"/> SS 1 <input type="checkbox"/> SS 2 <input type="checkbox"/> SS 3 <input type="checkbox"/> SS 4		US\$ 20/session
	June 12, 2004 (07:40-08:20)	<input type="checkbox"/> SS 5 <input type="checkbox"/> SS 6 <input type="checkbox"/> SS 7 <input type="checkbox"/> SS 8		US\$ 20/session
	June 13, 2004 (08:00-08:40)	<input type="checkbox"/> SS 9 <input type="checkbox"/> SS 10 <input type="checkbox"/> SS 11 <input type="checkbox"/> SS 12		US\$ 20/session
<b>Workshop</b>	June 11, 2004	<input type="checkbox"/> WS 1 (10:30-12:00)		Free
	June 12, 2004	<input type="checkbox"/> WS 2-1 (10:30-12:00) <input type="checkbox"/> WS 2-2 (15:00-16:30)		
	June 13, 2004	<input type="checkbox"/> WS 3 (10:30-12:00) <input type="checkbox"/> WS 4 (13:30-16:30)		

\* Applications for the Pre-Congress Symposium and Workshops will be processed on a first come, first serve basis due to the limited availability.

\* Sunrise Seminars are available for pre-registrants. Each seminar will accommodate 30 participants but if the number of participants is less than ten, the seminar will be cancelled. The fee for Sunrise Seminars includes breakfast.

\* Please see the Scientific Program on the 2nd Announcement for detailed schedules.

**D. SOCIAL PROGRAMS** (Please indicate if you wish to attend the following social programs.)

Programs	Time & Date	Fee	No. of Persons	Sub Total
<input type="checkbox"/> Opening Ceremony & Welcome Reception	18:00 ~ 20:00, June 10, 2004	Free		US\$
<input type="checkbox"/> Gala Night	19:00 ~ 21:30, June 12, 2004	US\$ 30/person		
Special Requirements: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Others ( )				

\* If you are likely to attend any of social programs, please check off the box and indicate the number of persons.

**E. ACCOMPANYING PERSONS' PROGRAM**

Programs	Time & Date	No.	Others		Sub Total
			No.	Fee	
<input type="checkbox"/> AP1: Making Korean Hand Crafts	13:00 ~ 17:00, June 11, 2004			US\$ 60	US\$

\* This program is free of charge for the Accompanying Persons, but other delegates are required to pay the fee.

**F. PAYMENT FOR REGISTRATION** (Payment must accompany this form. No form will be processed without payment.)

<input type="checkbox"/> Bank Draft	Please make the check payable to the <b>13th WPACCM</b> and enclose it with the registration form.		
<input type="checkbox"/> Bank Transfer <i>* Please attach a copy of the receipt of remittance with this form.</i>	Account Number: <b>126-823710-13-003</b>	Account Name: <b>13th WPACCM</b>	
	Bank Name: <b>Woori Bank (Yonsei Branch, Seoul)</b>	SWIFT Code: <b>HVBKCRSE</b>	
<input type="checkbox"/> Credit Card <i>* For foreign participants, VISA, MasterCard and JCB are acceptable. Please clearly state your credit card details. * Your signature is required for processing your credit card payment.</i>	VISA ( )	MasterCard ( )	JCB ( )
	Card Number:	Expiration Date:	
	Cardholder:	Signature:	
<b>Total Amount (B+C+D+E)</b>	<b>US\$:</b>		

<b>Secretariat Use Only</b>	Approval Amount	Date	Approval No.
	Received Date	Registration No.	Remarks

**\*\* Complete this form and mail or fax (+82-2-3452-7292) to the Secretariat of the 13th WPACCM.**

<b>Secretariat of the 13th WPACCM</b> <b>INTERCOM Convention Services, Inc.</b> 10th Fl., Samick Lavied'or Bldg., 720-2 Yeoksam 2-dong, Gangnam-gu, Seoul 135-920, Korea Phone: +82-2-564-4367, +82-2-566-6339 Fax: +82-2-3452-7292, +82-2-565-2434 E-mail: wpaccm2004@intercom.co.kr Website: www.wpaccm2004.org
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