



# REGISTRATION FORM

**Registration fee** is acceptant before **Dec. 31,2007**. Please read the information at first. You need to complete this form in capital letters and keep a photo-offset copy yourself. Registration fee will be **USD\$900**, and we give a discount of USD\$200 for people who register before Nov. 30, 2007. Note that the price is in U.S. dollars and the registration fee dose NOT include the accommodation.

## No On-Site Registration

The registration fee will be only accepted by WIRED TRANSFER. Please fill in the registration form respectively.

## Personal Information

Title < >Prof. < >Dr.

Institution

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Specialty

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Society

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Last Name

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First Name

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E Mail

-----@-----

Phone Number

-----country code-----area code-----number-----

Fax Number

-----country code-----area code-----number-----

Mobile

-----country code-----area code-----number-----

Address for correspondence

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## Payment should be remitted through

“TA CHONG BANK LTD. INTERNATIONAL BUSINESS  
DEPT., TAIPEI, TAIWAN, R.O.C. ”  
BENEFICIARY: Aisa-Pacific Association for Gynecologic  
Endoscopy and Minimally Invasive Therapy

Account NO.:014-30-360999-8

Swift Code:OURBTWTP

Cancellation Policy

No Refunds Can Be Made

## Declaration

I declare that I have read and agreed with the cancellation policies of the Workshop Organizer. The Workshop Organizer reserves the right to retain all fees paid in the event of nonattendance at the workshop.

**Signature:**

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**Date:**

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