

REGISTRATION FORM

Please complete the registration by using black ink in regular script 請以正楷填寫此表

Affiliation 醫院

Last Name 姓

First Name 名

Gender 性別

E-Mail

Mobile 連絡電話

Address 地址

English Name for certificate 英文證書的英文姓名

Options 選項

Lunch on July 20, Day 1

Lunch on July 21, Day 2

Please state if you have any special dietary requirements such as vegetarian, no beef, etc.
若有任何飲食上之特殊限制請事先告知

Accommodation (THE LANDIS TAICHUNG 台中亞緻大飯店)

Friday, July 19

Saturday, July 20

Sunday, July 21

Please state if you have any special request 若有任何特殊需求請事先告知

We only assist with the hotel reservation, please be noted that the payment will be on your own.

學會僅協助訂房，請於退房時自行付款

Registration Information 報名資訊

There will be **only 23 offers** to the Hands-on Lab, so please register and complete payment before **July 5, 2019**. 因實驗室座位有限，請於7月5日前繳交報名表和註冊費。

There is no on-site registration. The registration fees will only be accepted by WIRE TRANSFER with FULL payment in US currency. The registration fees do not include expenditures of flight, local transportation and accommodation.

無現場報名，報名費僅由對方帳戶匯款繳費，不包括機票、當地接送和住宿。

Cancellation Policy 取消政策

The application fee is not refundable 報名費用無法退費或取消。

Declaration 聲明

I declare that I have read, understand and fully agree with above information. The Workshop Organizer reserves the right to retain all fees paid in the event of non-attendance at the workshop.

我已閱讀並同意以上所列的條款和條件達成一致。如臨時取消參加，主辦方將不退還註冊費。

Signature 簽名

Date 日期

Please return the completed form to APAGE Secretariat via mit.apage@gmail.com, apage.edu@gmail.com or

FAX: 886-3-2110050 填寫完畢後，請 email 或傳真至亞太秘書處