

Global Healthcare Medical Tourism Conference Korea 2010

REGISTRATION FORM

※ Please note the on-line registration is available at www.medical-korea.org your convenience.

Participant Information			
Title(Prefix):	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Name	<i>Family</i>	<i>Given</i>	
Name for the Badge			
Position			
Department			
Organization			
Address	Street		
	City	Zip Code	Country
	Tel		Fax
	Mobile Phone		
	E-mail		

※ I will allow will not allow the organizer to print my personal information as listed above in the meeting publication.

Registration Type		
<input type="checkbox"/> Insurance Carrier/Provider	<input type="checkbox"/> Medical Tourism Facilitator	<input type="checkbox"/> Technology Provider
<input type="checkbox"/> International Hospital	<input type="checkbox"/> Exhibitor or Sponsor	<input type="checkbox"/> Speaker
<input type="checkbox"/> Government	<input type="checkbox"/> Others:	

Registration Fees (per person)						
Category			Early Bird Rate (By March 15, 2010)		On-site (After March 16, 2010)	
Medical Tourism Association(MTA)			Member	Non-Member	Member	Non-Member
R1	Whole Program <small>[Workshop+Conference+Business Meeting]</small>	April 13~15	<input type="checkbox"/> \$320	<input type="checkbox"/> \$399	<input type="checkbox"/> \$420	<input type="checkbox"/> \$499
R2	Conference+Business Meeting	April 14~15	<input type="checkbox"/> \$320	<input type="checkbox"/> \$399	<input type="checkbox"/> \$420	<input type="checkbox"/> \$499
R3	Workshop	April 13	<input type="checkbox"/> \$80	<input type="checkbox"/> \$99	<input type="checkbox"/> \$120	<input type="checkbox"/> \$199
R4	Conference	April 14~15	<input type="checkbox"/> \$240	<input type="checkbox"/> \$299	<input type="checkbox"/> \$340	<input type="checkbox"/> \$399
R5	Business Meeting	April 14~15	<input type="checkbox"/> \$240	<input type="checkbox"/> \$299	<input type="checkbox"/> \$340	<input type="checkbox"/> \$399
R6	Student (Only Conference)	April 14~15	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60
R7	Free Registration	April 13~15	<input type="checkbox"/> Free		-	
Total Amount						

Method of Payment	
<input type="checkbox"/> Bank Transfer to <ul style="list-style-type: none"> · Bank Name: Shinhan Bank · Account No.: 140-003-570922 · Account Name: Korea Health Industry Development Institute · Swift Code: SHBKRRSE · Address: 120, 2-Ga, Taepyung-Ro, Chung-Gu, Seoul, Korea 	<p>* Participants are responsible for all transfer fees. Please attach a copy of the transfer receipt to this form. The exact amount withdrawn from your bank account may be a little bit different from the amount written at the program due to flexible exchange rate.</p> <p>* Cancellation Policy - Until March 31(Wed), 2010: 100% Registration fee Refunds - After April 1(Thu), 2010: No Refunds</p>

* Payment must accompany this form.