IX WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR ADAPTIVE MEDICINE

August 2 - 5, 2009, Taipei, Taiwan

REGISTRATION FORM

Registration is required if your abstract has been accepted. Please complete and return this form to Conference Secretariat by email or fax **before July 15, 2009**.

Conference Secretariat
2F, 316, Wen Chang St., Taipei 110, Taiwan
Tel: +886-2-8780-2962 #154
Fax: +886-2-8789-3602
E-mail: isam2009@sast.org.tw

Secretariat use only
Date received:
Registration No.:

PERSONAL PARTICULARS (*must fill)

*Prefix: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other, please specify:

*Last Name: *First Name:

*Organization:

*Position:

*Postal Add.:

*City: *Postcode *Country:

*Phone: *Fax:
(country code-area code-number) (country code-area code-number)

*E-mail:

*Special Dietary ☐ No ☐ Vegetarian

ACCOMPANYING PERSON (IF APPLICABLE)

Last Name: First Name:

Special Dietary: ☐ No ☐ Vegetarian

REGISTRATION FEE

	Before May 5, 09	May 6 - Jul 14, 09	Jul 15 - Aug 5, 09	Pax No.	Total
Delegate	US$450	US$500	US$600	x_____	US$_____
Trainee	US$200	US$250	US$300	x_____	US$_____
Student	US$200	US$250	US$300	x_____	US$_____
Accompanying Person	US$200	US$250	US$300	x_____	US$_____
Total Amount					US$_____

SOCIAL PROGRAMS

Date	Social Programs	Delegate	Trainee	Student	Accompanying Person
Aug 2, Sun	Welcome Reception (Complimentary)	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No
Aug 3, Mon*	Taipei City Tour (Complimentary)	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No
Aug 4, Tue*		☐ Yes x____ ☐ No	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No
Aug 3, Mon	ISAM Dinner (Complimentary)	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No	☐ Yes x____ ☐ No
Aug 4, Tue	Gala Dinner	Complimentary ☐ Yes x____ ☐ No	US$ 50 ☐ Yes x____ ☐ No	US$ 50 ☐ Yes x____ ☐ No	US$ 50 ☐ Yes x____ ☐ No
Total Amount			US$_____	US$_____	US$_____

*You may select August 3 or 4 for Taipei city tour, and the organizer reserves the right of date due to actual participation.

PAYMENT (IF APPLICABLE)

Name of the Card holder: _____ Card Type : ☐ VISA ☐ MasterCard

Card No. : __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Total Amount: _____ Expiry Date : __ __ (M) / __ __ (Y)

V-Code (3 digits located on the back of the credit card): __ __ __

Signature of Card Holder: _____ Date: _____

PERSONAL INFORMATION FOR INSURANCE PURPOSE

Please provide your personal information for insurance purpose if you sign up for social programs.

Passport No.: | | | | | | | | | | | | | | | | | | | | Birthday: | | | | | | | | |

(dd/mm/yyyy)

PERSONAL INFORMATION FOR INSURANCE PURPOSE (FOR ACCOMPANYING PERSON)

Please provide your personal information for insurance purpose if you sign up for social programs.

Passport No.: | | | | | | | | | | | | | | | | | | | | Birthday: | | | | | | | | |

(dd/mm/yyyy)

Thank you for your co-operation. We look forward to welcoming you to Taipei!