

# IX WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR ADAPTIVE MEDICINE

August 2 - 5, 2009, Taipei, Taiwan

## REGISTRATION FORM FOR INVITED SPEAKERS

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

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 Address:

Special Dietary:  No  Vegetarian

Note: Accompanying person must be registered with an official Registration Form and attached with this form.

### REGISTRATION FEE WAIVED

### SOCIAL PROGRAMS

Date	Social Programs	Amount	Attendance
August 2, Sunday	Welcome Reception	Complimentary	<input type="checkbox"/> Yes <input type="checkbox"/> No
August 3, Monday *	Taipei City Tour	Complimentary	<input type="checkbox"/> Yes <input type="checkbox"/> No
August 4, Tuesday *			<input type="checkbox"/> Yes <input type="checkbox"/> No
August 3, Monday	ISAM Dinner	Complimentary	<input type="checkbox"/> Yes <input type="checkbox"/> No
August 4, Tuesday	Gala Dinner	Complimentary	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

### 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)

### HOTEL ACCOMMODATION

The Organizing Committee will provide up to 3-night-accommodation (August 2-4, 2009) for you at the Caesar Park Hotel. Additional nights will be at your own expense. All room type is single and non-smoking room.

Check-In (dd/mm): 



 Check-Out (dd/mm): 



 Total Nights:

Arrival Date: 



 Flight No.: 



 Time:

Departure Date: 



 Flight No.: 



 Time:

Please submit this form via email to [isam2009@sast.org.tw](mailto:isam2009@sast.org.tw) or fax to +886-2-8789-3602 no later than Jul 15, 2009. Thank you for your co-operation. We look forward to welcoming you to Taipei!