

NINTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR ADAPTIVE MEDICINE

August 2 - 5, 2009, Taipei, Taiwan

STUDENT / TRAINEE IDENTIFICATION FORM

Participants registering as students must complete this form and send by e-mail or fax to the Conference secretariat. Ninth world congress of the international society for adaptive medicine offers students a special registration fee upon approval. Should you have any questions, please do not hesitate to contact Ms. Megan Lin for assistance.

Secretariat use only

Date received:

Registration No.:

Tel: 886-2-8780-2962 # 154

Fax: 886-2-8789-3602

E-mail: isam2009@sast.org.tw

Personal Information (Please type or print clearly in CAPITAL LETTERS)

Title: Prof. Dr. Mr. Mrs. Ms.

Last Name:

First Name:

Name of School:

For Faculty ONLY

Last Name:

First Name:

Name of School:

Name of Department:

Tel:

Fax:

E-mail Address:

Declaration

I hereby certify that the applicant _____ (FULL NAME), is our current student in _____ (Name of Department), _____ (Name of University).

Supervisor's Signature: _____ Date: _____ (mm)/ _____ (dd)

Applicant's Declaration

1. I certify the information provided above is complete and correct.
2. I understand that the conference organizing Committee reserves the right to withdraw the offer should any statement in this application prove to be false.

Signature of Applicant: _____ Date: _____ (mm)/ _____ (dd)