

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

Options 選項

Hands-on labs for hysteroscopy and laparoscopy (including lecture sessions)

Welcome Reception (June 22 at 18:00)

Lecture-only

I will attend the lecture sessions in both Day 1 and Day 2.

I will only attend the lecture sessions in Day 2.

*Registration includes 2-days lunches.

Lunch on June 22, Day 1.

Lunch on June 23, 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

Registration Information

There will be **only 36 offers** to the Hands-on Animal Lab, so please register and complete payment before **July 7, 2017**. 因動物實驗室座位有限，請於7月7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 WIRED 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

No Refunds will be made.

Declaration

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 complete form to APAGE Secretariat via mit.apage@gmail.com or gynendowebcontact@gmail.com or FAX: 886-3-2110050 填寫完畢後，請 email 或傳真至亞太秘書處