

AOCOG 2011



The XXII Asian and Oceanic Congress of Obstetrics and Gynecology
September 23 (Fri.) to 27 (Tue.), 2011
Taipei, Taiwan

Please send this form by FAX +886-2-25083570
or EMAIL to service@aocog2011.org.tw

Registration Form

Deadline: August 31, 2011

(1) Please fill in the form in English, (2) complete all lines hereunder marked with*, (3) fill in one form per participant.

DELEGATE INFORMATION		
First Name	Last Name	Congress name badge
Title <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Birthday (MM/DD/YY)	Passport Number
Organization/ Institute		Position
Postal Address		
Postal Code	City	Country
Telephone	Fax	E-mail
Social Program	Welcome Reception (Sept. 23) <input type="checkbox"/> Attend <input type="checkbox"/> Not Attend	Banquet (Sept. 26) <input type="checkbox"/> Attend <input type="checkbox"/> Not Attend
Special Dietary Requirement (Please tick the appropriate box) None Vegetarian Others (Please Specify):		
ACCOMPANYING PERSON 1		
First Name	Last Name	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Relationship to Registrant
Passport Number		Birthday (MM/DD/YY)
Social Program	Welcome Reception (Sept. 23) <input type="checkbox"/> Attend <input type="checkbox"/> Not Attend	Gala Dinner (Sept. 26) <input type="checkbox"/> Attend <input type="checkbox"/> Not Attend
	Free City Tour <input type="checkbox"/> Sept. 24 <input type="checkbox"/> Sept. 25 <input type="checkbox"/> Sept. 26 <input type="checkbox"/> Sept. 27 <input type="checkbox"/> Not attend	
Special Dietary Requirement (Please tick the appropriate box) <input type="checkbox"/> None <input type="checkbox"/> Vegetarian <input type="checkbox"/> Others (Please Specify):		
ACCOMPANYING PERSON 2		
First Name	Last Name	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Relationship to Registrant
Passport Number		Birthday (MM/DD/YY)
Social Programs	Welcome Reception (Sept. 23) Attend Not Attend	Gala Dinner (Sept. 26) <input type="checkbox"/> Attend <input type="checkbox"/> Not Attend
	Free City Tour <input type="checkbox"/> Sept. 24 <input type="checkbox"/> Sept. 25 <input type="checkbox"/> Sept. 26 <input type="checkbox"/> Sept. 27 <input type="checkbox"/> Not attend	
Special Dietary Requirement (Please tick the appropriate box) <input type="checkbox"/> None <input type="checkbox"/> Vegetarian <input type="checkbox"/> Others (Please Specify):		
REGISTRATION FEE		
Category	Early Registration (Before <u>April 30, 2011</u>)	Late and On-site (From <u>May 1, 2011</u>)
Physician	<input type="checkbox"/> NTD 15,000	<input type="checkbox"/> NTD 18,500
Student*, Trainee, Non-physician, Retired Professional	<input type="checkbox"/> NTD 11,500	<input type="checkbox"/> NTD 15,000
Accompanying Person(s)	<input type="checkbox"/> NTD 6,600 x ____ Person(s)=Total	<input type="checkbox"/> NTD 7,500 x ____ Person(s) =Total
*Students are required to submit their Student ID by Fax or Email to Congress Secretariat.		Total Amount (NTD)

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(Continued)

Name

METHOD OF PAYMENT (Please tick the appropriate box below.)

Credit Card

VISA MASTER CARD JCB

Card Number:

Expiration Date (MM/YY): /

3 Digit Security Code (on the back of the card):

Cardholder's Name:

Signature of Card Holder:

Date:

Bank Transfer

A direct bank transfer can be made to the account below:

Beneficiary Name: Taiwan Association of Obstetrics and Gynecology

Beneficiary Account No.: 0598441001008

Beneficiary Bank: E. Sun Commercial Bank, Ltd., Taipei, Taiwan

Beneficiary Address: No. 48, Min-Chuan W. Rd., ChongShan District, Taipei 104, Taiwan

SWIFT Code: ESUNTWTP

Intermediary Bank: BOFAUS6S

A copy of the receipt of the bank remittance should be faxed to + 886 -2-2508-3570 or emailed to service@aocog2011.org.tw, together with the Registration Form.

PRIVACY POLICY OF AOCOG 2011

We (the organizer) are committed to protect the personal information of applicants. Your personal identifiable information (personal information) will be collected via this form only when you make registration or answer a questionnaire for this congress. (Hereinafter the 'Congress')

Without an applicant's consent, we (the organizer) will not use such information for the purposes other than operating and managing the Congress, preparing the participants' list to be distributed to the Congress participants, responding to inquiries from applicants for the Congress, offering the Congress information to the applicants, except for the personal information collected in connection with other websites.

For smooth operation of the Congress, we (the organizer) are entrusting the operations of collecting, storing, managing and handling personal information regarding the Congress to the following company who act as Secretariat, Registration Office (Hereinafter the 'Secretariat') under confidentiality agreement.

In case there is an error in your personal information collected for the Congress, please inform the Secretariat to have it corrected or deleted.

Offering personal information is voluntary, but please note without offering the necessary information, you are unable to attend the Congress (or submit your abstract).

I have read and agree to the privacy policy on the back of this form.

CANCELLATION POLICY

A written cancellation notice must be sent to the Congress Secretariat prior to **July 31, 2011**, NO REFUND will be granted after this date or for no-show. The following cancellation fee will be deducted before refunding:

- Until July 31, 2011: 40% of the amount of payment plus bank handling charge

- From July 31, 2011: 100% of the amount of payment (No refund)

Signature

Date

A Note About Faxing: We strong recommend faxing your forms well in advance of April 30, 2011 deadline. Fax volume increases as the deadline approaches, and AOCOG 2011 is NOT responsible for faxes not received due to busy telephone lines. Keep a copy of your fax transmission report to verify that your fax transmitted successfully by the deadline in the event of problem.