Seoul Congress on Anti-Aging Medicine 2011

May 2011 Congress Registration

◈ Personal Details

Full Name (to be Printed on Certificate)		
A4M Member No.		
Field of Expertise	**Organization**	
Mailing Address		
City/State	**Post Code**	**Country**
Phone	**Mobile Phone**	
E-mail	**Fax**	

◈ Details

Date	**May 2011**		
Venue	**COEX Annex Building 2F (ASEM Hall) / 3F (Auditorium)**		
Registration Fee	**Early Bird** **Until Feb 28th**	**General** **From Mar 1st to Apr 30th**	**On Site** **May**
	☐ **150 USD**	☐ **200 USD**	☐ **250 USD**
A4M Member	☐ **150 USD**		☐ **200 USD**

- Coffee Break, 2 day Lunch Coupon, Exhibition Admission is included.
- Program & Schedule could be changed depends on the situation.
- Cancellation Policy : Before Feb 28 : Full Refund
  Between Mar 1st and Mar 31th : - 10%
  Between Apr 1st and Apr 30th : - 30%
  After May : No Refund

* Cancellation notification must be sent in writing. All refunds make after the congress and it will take upto 60 days.

◈ Payment Info

☐ **Wire Transfer Info** (*Please add overseas remittance commission to your registration fee. Otherwise, the registration will not be validated.)

ACCOUNT HOLDER : KEYMED Co., Ltd. NAME OF THE BANK : Hana Bank

BANK ADDRESS : Air Terminal Branch, Samsung-dong 158-9, Gangnam-gu, Seoul, South Korea

ACCOUNT NUMBER : 588 910011 44404 SWIFT Code : HNBNKRSE

☐ **Credit Card Info**

Card Company ☐ VISA ☐ MASTERCARD ☐ JCB

Credit Card Number: _____ - _____ - _____ - _____ Exp.Date(mm/yy): /

Cardholder Name:_____ 3 digit code / V-code: _____

Signature:

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※Please read Exhibition manual before filling in this form.