Seoul Congress on Anti-Aging Medicine 2011

May 2011 Booth Registration Form

◈ Company Information

Company	
Contact Person	
Address	**(-)**
Phone	**Fax**
E-mail	**Website**

◈ Booth

☐ **Booth – US$2,750 / Size : 2m X 3m**

(Please select your booth number. If the booth you selected not available, the next option will be attributed.)

1st No.	**2nd No.**

◈ Workshop at # 402

☐ **Workshop** - US$1,100 / (1 HOUR)

☐ November 27th Time ____ : ____ ☐ November 28th Time ____ : ____

◈ About your product

Total **$**

◈ Payment

☐ **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

Signature:

A4M KOREA OFFICE : #1703 LG Twintel 1-cha, 157-8 Samsung-dong, Kangnam-gu, Seoul, Korea

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※Please read Exhibition manual before filling in this form.