

Please fill out the form with BLOCK letters and return it back via fax or email to:

17th SEAGC Conference Secretariat, Ms. Lin

Tel: +886-2738-3411 | Fax: +886-2737-6994 | Email: tgs@mail.ntust.edu.tw

(For staff use only.)

Reg. No. : _____

RCVD Date: _____

*Please be noted that the special rate for overseas students does **NOT** include the conference kit, **only a Badge** with Access to the Conference Venue, **Shuttle Bus** (from the contract hotels to conference venue and vice versa), **Lunches** and **Coffee Breaks** are provided.

*Registration as Students must be accompanied with a proof of status, kindly provide the copy of student ID (**Front/Back**) attached to the above fax/email.

Registrant's Information (Note: one form per registrant)

Mr. Ms.

First Name _____ Family Name _____

Institution _____ Student ID _____
Proof of student ID is required on-site

Address _____

Postal code _____ City _____ Country _____

Tel _____ Fax _____ Email _____

Dietary Request None Vegetarian Muslim Other _____

Overseas Student Special Rate

US\$ 50

Payment Method

The total amount of registration fee is USD\$ _____ and will be paid through

Telegraph Transfer payable to:

Account Name: Elite Professional Conference Organizer

Bank Name: The Shanghai Commercial & Savings Bank, East Taipei Branch

Account No.: 0910-20000-61386

Swift code: SCSBTWTP009

* For detail of charges, kindly click on option "OURS" for transaction process

Credit Card : Visa Master JCB

Card Number: _____ - _____ - _____ - _____

Expiration Date(mm/yy): _____ / _____

CVV2 Code: _____ (The last three digits in the signature panel on your card)

Card Issuing Bank: _____ (Please write in BLOCK letters)

Name of Cardholder: _____ (Please write in BLOCK letters)

Authorized Signature: _____

Authorization Code: _____ (for official use only) Date: _____