

## THORACIC SURGERY



April 16-18

## 2014 REGISTRATION FORM

Dr./Prof.Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender ☐ Male ☐ Female Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
(YYYY/MM/DD)

Professional Address \_\_\_\_\_

Org. \_\_\_\_\_ Speciality \_\_\_\_\_ Seniority \_\_\_\_\_ years

Zip Code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**REGISTRATION** (English-Speaking Courses)☐ **Option A**Theoretical sessions + Live Transmissions ..... **15,000NTD**☐ **Option B** Limited to 40 participants per courseTheoretical sessions + Live Transmissions + Training on Live Tissue..... **70,000NTD****HOTEL ACCOMMODATION** (Rate per night, single room breakfast included)☐ Preferential rate at Windsor Hotel Taichung..... **3,410NTD**  
Please refer to [http://www.windsortaiwan.com/index\\_enUS.htm](http://www.windsortaiwan.com/index_enUS.htm)☐ Preferential rate at LOHAS Relaxing Center..... **2,000NTD**  
Please refer to <http://www.cbshow.org.tw/dept/lohas/index.html>☐ 1 night ☐ 2 nights ☐ 3 nights ☐ 4 nights

Check in date.....Check out date.....

**PAYMENT**☐ Please bill my credit card: ☐ VISA ☐ MASTER

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Security Code : \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*Course tuition and LOHAS accommodation rate must be paid in advance.

\*Any cancellation of registration less than 30 days prior to the course starting date will NOT be transferred, reimbursed or postponed.

**CONTACT**

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