**Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name**  **(Mr./Ms./Dr./Prof.)** |  | **First Name** |  |
| **Position** |  | | |
| **Organization** |  | | |
| **Nationality** |  | | |
| **Tel.** |  | **Fax.** |  |
| **E-mail** |  | | |
| **Date of Arrival** |  | **Date of Departure** |  |

 Please mark where applicable

- **Forum -**

|  |  |
| --- | --- |
| **Session** | Session 1 □ or Session 2 □ |
| **Welcome dinner** | Yes □ or No □ |

 Please mark where applicable

- **Hotel -**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hotel** | **Room Type** | **Room rate** |  | **Breakfast(Optional)** |
| **Lotte** | Lake Garden View | ₩242,000 | Twin □ or Double □ | ₩33,880 □ |
| Deluxe Ocean | ₩302,500 | Twin □ or Double □ |
| **Hana** | Standard | ₩110,000 | Twin □ or Double □ | ₩12,000 □ |

- 10% VAT and 10% service charge included

- ₩10,000 per room will be added for weekends (Friday incl.) at Hotel Hana

|  |  |  |  |
| --- | --- | --- | --- |
| **Check-in date** |  | **Check-out date** |  |
| **Card Type :** |  | **Card No. :** |  |
| **Name on Card :** |  | | |
| **Signature :** |  | **Exp. Date :** |  |

Please complete this form and return it by E-mail or Fax to : Mr. Shin, Jung Gyu

Tel : +82-2-2112-8051 Fax : +82-2-2112-8182

E-mail: [jg\_shin@koshipa.or.kr](mailto:jg_shin@koshipa.or.kr)

**Please return this form by 24th October, 2014**

**VISA**

Delegates are advised to check about regulations regarding VISA. If you have questions, the information can be obtained from the nearest Korean Embassy or Consulate as well as the following websites:

Regulataion Information(Check the paragraph ‘Special Entry arrangements for the Jeju island’): [http://www.hikorea.go.kr/pt/InfoDetailR\_en.pt?categoryId=2&parentId=385&c atSeq=401&showMenuId=375](http://www.hikorea.go.kr/pt/InfoDetailR_en.pt?categoryId=2&amp;parentId=385&amp;catSeq=401&amp;showMenuId=375)

Korean Embassy Information:

<http://www.mofa.go.kr/ENG/ministry/overseas/asia/index.jsp?menu=m_50_70>

If you need an invitation letter for VISA, please send the following information to Mr. Shin, (jg\_shin@koshipa.or.kr) with registration form.

|  |  |  |  |
| --- | --- | --- | --- |
| Full name  (as indicated in your passport) | |  | |
| Nationality |  | Sex | Male □ Female □ |
| Date of Birth | (date-month-year) | | |
| Company/Organization |  | Position |  |
| E-mail |  | | |
| Address(zip code) |  | | |
| Tel |  | Fax |  |
| **Passport Information** | | | |
| Passport No. |  | | |
| Date of Issue | (date-month-year) | | |
| Date of Expiry | (date-month-year) | | |