# 2016 乳癌學術研討會

 Taipei International Breast Cancer Symposium

***Registration Form***

**\*Please type your name exactly as you wish it to appear on the badge.**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*
* Industry
* Other\_\_\_\_\_\_\_\_
* PhD
* Pharmacist
* Nurse
* NP
* Physician
* Fellow

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal/Zip Code\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone NO. (include country & city codes)

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

**Registration Fee**

|  |  |  |
| --- | --- | --- |
| **Category** | **Early-Bird**(before Nov.5, 2016 ) | **Onsite**(Nov. 6-20, 2016) |
| Physician | 500 USD | 600 USD |
| Trainee | 300 USD | 500 USD |
| Nurse |
| Researcher |
| Accompanying Person |
| Student |
| Survivor |

**Group Registration**

Foreigners ONLY: Physician

|  |  |  |  |
| --- | --- | --- | --- |
| **Minimum Number of Persons****Required for Group Registration** | **Benefit**  | **Payment Method** | **Deadline** |
| 10 | 30% Discount(350 USD) | Bank Transfer | Before Nov.11, 2016 |

＊Please fill out the registration form then email to bcst@ms46.hinet.net or fax: +886-2-25238870 with your bank transfer receipt (with the register’s name stated). A registration confirmation will be given through email once the Secretariat of BCST receives the registration form.

|  |  |
| --- | --- |
| Account Number  | 07009100853 |
| Account Name | The Breast Cancer Society of Taiwan |
| Name of Bank  | Mega International Commercial Bank Co., LTD.Naking East Road Branch |
| Bank Address | No.53, Naking East Road, Sec. 2, Taipei, Taiwan, R.O.C. |
| Swift Code | ICBCTWTP070 |

Please Enclose

1. Bank check or photocopy of the bank transfer

2. Registration Form