

Registration Form

2020 ICCN General Assembly in Gangneung, Republic of Korea

| NO | NATION | CITY/ORG | INFORMATION OF PARTICIPANT | | | | TRANSPORTATION INFORMATION | | | | ACCOMODATION (single, double or twin) | VISA REQUIREMENT | PHONE NO. (MOBLE) | E-MAIL | REMARKS | |
|----|--------|----------|----------------------------|--------------------------------------|--------|----------|----------------------------|------------|-----------|------------|--|------------------|----------------------|--------|---------|----------------|
| | | | Total | Name (Mr/Ms/Miss/ Mrs/Prof/Dr) | Gender | Position | Arrival | | Departure | | | | | | | the airport |
| | | | | | | | time/date | flight no. | time/date | flight no. | | | | | | |
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I certify that the above statements made in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

I hereby accept all the terms and conditions presented by the organizer.

Signature _____

Date(D/M/Y) _____