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# **台灣乳房腫瘤手術暨重建醫學會2018年會**

Taiwan Oncoplastic Breast Surgery Society 2018 Annual Meeting



***Registration Form***

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

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

* Accompanying Person
* Researcher
* Nurse
* Student
* Physician
* Fellow

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

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

Phone NO. (include country & city codes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Registration Fee**

|  |  |  |
| --- | --- | --- |
| **Category** | **Early-Bird** (before Nov. 16, 2018) | **On-site** (Nov. 16- Dec. 16, 2018) |
| **Physician** | **100 USD** | **150 USD** |
| Trainee | 50 USD | 75 USD |
| Nurse |
| Researcher |
| Accompanying Person |
| Student |

**Group Registration**

Foreigners ONLY: **Physician**

|  |  |  |  |
| --- | --- | --- | --- |
| **Minimum Number of Persons**  **Required for Group Registration** | **Benefit** | **Payment Method** | **Deadline** |
| **10** | 30% Discount  **70 USD** | Bank Transfer | Before Nov. 16, 2018 |

＊ Please fill out the registration form then email to **TOPBS106@gmail.com** or   
Fax: **+886-3-3974228** with your bank transfer receipt (with the register’s name stated). A registration confirmation will be given through email once the Secretariat of TOPBS receives the registration form.

|  |  |  |
| --- | --- | --- |
| Account Number | 3638871000153 | **Please Enclose**  **1. Bank check or photocopy  of the bank transfer**  **2. Registration Form** |
| Account Name | Taiwan Oncoplastic Breast Surgery Society |
| Name of Bank | TAIWAN COOPERATIVE BANK CHANG GUNG BRANCH |
| Bank Address | No.5, Fuxing St., Guishan Township, Taoyuan County 333, Taiwan, R.O.C. |
| Swift Code | TACBTWTP543 |