**Registration Form - Tutorial Session**

**■** **Official Website of ICAMD:** [**www.icamd.or.kr**](http://www.icamd.or.kr)

**■ Please complete this form and send it to the secretariat e-mail (**[**secretariat@icamd.or.kr**](mailto:secretariat@icamd.or.kr)**)**

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| --- | --- | --- | --- | --- | --- |
| A. Personal Information | | | | | |
| Name | Gildong Hong | | | Title | □ Student □ Dr. □ Prof.  □ Others ( ) |
| Affiliation | Hankuk University/ Department of Physics | | | Advisor | Sabu Kim |
| E-mail | \*Please write the email address you used as an ID for ICAMD website. | | | Tel / Mobile | 010-1234-5678 |
|  | | | | | |
| **B1. Additional Items** | | | | | |
| Tutorial | □ Offline: KRW 72,000 (USD 60) □ Online: KRW 48,000 (USD 40) | | | | |
| Additional Payment | KRW | | | | |
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| **C. Payment for Registration** | | \*Please check your choice of payment below. | | | |
| **□ Bank Transfer**  \* Account Number: 1010-2426-7682  \* Name of Bank: SUHYUP BANK (as known as National Federation of Fisheries Co-operatives)  \* Swift Code: NFFCKRSEXXX  \* Account Holder: The Korean Physical Society  \* Address: 22, Teheran-Ro 7Gil, Gangnam-Gu, Seoul, Korea  \* Bank Address: 62, Ogeum-Ro, Songpa-Gu, Seoul, Korea  \* Bank Branch: Managing the Science and Technology Center Branch  \* Remitter's name should be the same as the registrant's one.  \* A copy of the receipt of the bank remittance should send to the secretariat(secretariat@icamd.or.kr) via email. | | | | | |
| **□ Credit Card** - **수기결제**   |  |  |  |  | | --- | --- | --- | --- | | **카드명** | □ 신한 □ 비씨 □ 하나 □ 국민 (그 외 카드는 수기결제 불가) | | | | **카드 소유자명** |  | **서명** |  | | **카드번호** |  | **유효기간** |  | | **전표받을 주소** |  | **우편번호** |  | | **받는분 성함** |  | | | | | | | | |
| **□ Credit Card** \* Please bring your credit card to the onsite registration desk. | | | | | |
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| **D. Refund Policy** | | | | | |
| **On or before November 30, 2023** | | | **80% Refund** | | |
| **After November 30, 2023** | | | **No Refund** | | |

*\*Please note that all bank service charges will be deducted from the refunded amount.*

**□ I agree to all the above information.**

**Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**