



# The 4<sup>th</sup> Asia-Oceania Conference on Obesity

# REGISTRATION FORM

February 9-11, 2007

Sheraton Grand Walkerhill Hotel, Seoul, Korea

## A. PARTICIPANT

\* PLEASE TYPE / PRINT IN BLOCK LETTERS.

Title	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other ( )
First Name				Last Name	
Organization				Department	
Address					
City	Zip Code		Country		
Email	Tel (incl. country & area code)		Fax (incl. country & area code)		

## Accompanying person(s)

1	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First Name	Last Name
2	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First Name	Last Name

## B. REGISTRATION FEE

\* Member category means participant from Asian-Oceanian countries.

\* Student is requested to submit a written certificate by its Institution.

\* Cancellations or changes must be made in writing to the AOCO2007 Secretariat before December 30, 2006.

Category	Early-Bird Registration (Nov. 30, 2006)	Pre-Registration (Dec. 30, 2006)	On-site Registration (Feb. 9-11, 2007)
Member	<input type="checkbox"/> 230USD	<input type="checkbox"/> 260USD	<input type="checkbox"/> 300USD
Non-member	<input type="checkbox"/> 250USD	<input type="checkbox"/> 280USD	<input type="checkbox"/> 320USD
Student	<input type="checkbox"/> 150USD	<input type="checkbox"/> 180USD	<input type="checkbox"/> 200USD
Accompanying Person	<input type="checkbox"/> 150USD (No. of Person: _____)	<input type="checkbox"/> 150USD (No. of Person: _____)	<input type="checkbox"/> 150USD (No. of Person: _____)

**TOTAL**

**USD**

## D. PAYMENT METHOD

\* All service charges are to be paid by registrants.

\* A direct Bank Transfer should be made to the account below. A copy of the receipt of the bank remittance should be attached to the Registration Form.

<input type="checkbox"/> Credit Card		<input type="checkbox"/> Bank Transfer	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____	Card No.	Bank Name	Kookmin Bank, Sudaemoon Branch
	Valid through	Account No.	011201-04-070347
	Holder's Name	Account Holder	KSSO (Korean Society for the Study of Obesity)
	Signature	Swift Code	CZNBKRSE
		Sender's Name	
		Remitted Date	

## E. AOCO2007 SECRETARIAT

PEOPLE-X, INC.

1F Haeoreum Bldg, 748-5 Yocksam-dong, Kangnam-ku, Seoul 135-080, Korea

Tel: +82-2-566-6067

Fax: +82-2-566-6087

E-mail: seoul@obesity2007.org

Website: [Http://www.obesity2007.org](http://www.obesity2007.org)