

**Request for Cancellation of**

**SICOM & AOCO 2024 Registration**

**Please fill out the form and send it back to the congress secretariat at** **sicom@planbear.co.kr****.**

**Cancellation Policy**

|  |  |
| --- | --- |
| **Before Regular Registration Deadline (Sunday 6 Oct 2024)** | **Full Refund** |
| **After Regular Registration Deadline (Sunday 6 Oct 2024)** | **No Refund** |

Please note that cancellation of registration is only acceptable in written form before the deadline of registration.

**Personal Information**

|  |  |
| --- | --- |
| **Category** |  |
| **Full Name** |  |
| **Affiliation** |  |
| **Mobile Number (Including Country Code)** |  |
| **E-mail** |  |
| **Payment** | □ Credit Card □ Bank Transfer |

**Cancellation of Registration**

| **Classification** | **Early-Bird RegistrationbeforeSunday 15 Sep 2024** | **Regular RegistrationbeforeSunday 6 Oct 2024** |
| --- | --- | --- |
| **Full registration** | **Professor, Licensed MD, Fellow, Corporate** | [ ] USD 100 | [ ] USD 120 |
| **Resident Doctor or Other Health Professionals\*** | [ ] USD 50 | [ ] USD 60 |
| **Student (Inclusive Graduate)** | [ ] USD 30 | [ ] USD 40 |

**\* Resident Doctor or Other Health Professionals**

Resident Doctor, Researcher, Nutritionist, Pharmacist, Nurse, Exercise Specialist, Military MD, Public Health Doctor, Others

***I hereby request the cancellation of SICOM & AOCO 2024 registration.***

**YYYY/MM/DD Name (Signature)**