

**SICOM 2025 Registration Cancellation Request Form**

**Please complete this form and email it to the Congress Secretariat (**[**sicom@planbear.co.kr**](mailto:sicom@planbear.co.kr)**).**

**Cancellation Policy**

Cancellations and refund requests will **only be accepted before the regular registration deadline.**

|  |  |
| --- | --- |
| **Cancellations requested before the regular registration deadline** | **Full Refund** |
| **Cancellations requested after the regular registration deadline** | **No Refund** |

**Personal Information**

|  |  |
| --- | --- |
| **Category** | Professor / Licensed MD / Fellow / Corporate  Resident Doctor / Researcher / Nutritionist / Pharmacist  Nurse / Exercise Specialist / Military MD / Public Health Doctor  Other (please specify): [ ]  Student / Graduate Student |
| **Full Name** |  |
| **Affiliation** |  |
| **Mobile Number**  **(With Country Code)** |  |
| **E-mail** |  |
| **Payment** | □ Credit Card □ Bank Transfer |

**Cancellation of Registration**

| **Classification** | | **Early-Bird Registration** | **Regular Registration** |
| --- | --- | --- | --- |
| **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 to cancel my registration for SICOM 2025.***

**2025/MM/DD Name (Signature)**