

Post Congress Workshop on Laparoscopic Mini-Gastric Bypass Surgery

Registration

* Required

Participant Information

* Title: Prof. Dr. Ms. Mr. Miss

* Family Name:

*First Name:

* Hospital:

Position:

*Div./Dept.:

* Address:

City:

* Country:

* Phone:

* Fax:

ex) Country code-Area code-Phone number

ex) Country code-Area code-Fax number

* Email:

***Registration Fees** (Please select to participate date)

Categories	Registered Fee
25 November 2013	USD200
26 November 2013	USD200
27 November 2013	USD200
Total Payment	

*Method of Payment

Wire transfer (T/T): Please ask your bank to quote the reference below when making the payment. **Please also fax registration form and bank receipt** to the Secretariat (Fax : +886-3-3469291) or **email** (tsmbs2012@gmail.com; william.hoyois.tsmbs@gmail.com). All bank charges must be paid by the sender.

Our bank details are as follows:

Bank Name: E. SUN COMMERCIAL BANK, TAIPEI, TAIWAN

SWIFT Code: ESUNTWTP

Account Name: Taiwan Society for Metabolic and Bariatric Surgery

Account Number: 1322940001089

I enclose a bank draft for US\$ payable to

Post Congress Workshop on Laparoscopic Mini-Gastric Bypass Surgery

(Bank draft no. _____)