Refund Form

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Affiliation** |  |
| **E-mail** |  |
| **Amount of payment** |  |
| **Reason for cancellation** |  |
| **Account Information** | Beneficiary’s Name:Beneficiary Address & Tel. no.:Bank Name:Bank Address:Bene’s A/C No.:SWIFT CODE: |

**\*Cancellation and Refund Policy**

The Organizing Committee will refund the registration fee according the following rules. Notification of cancellation must be received in writing to the Secretariat by e-mail or fax.

Only cancellations made in writing are acceptable.

|  |  |
| --- | --- |
| **Date** | **Amount to be Refunded** |
| By August 11, 2017 | 80% of Registration Fee |
| By August 18, 2017 | 50% of Registration Fee |
| After September 1, 2017 | No Refund |

-All bank charges for remittance must be paid by the registrants.

-Refunds will be made after the Conference.

If you have any questions about the registration, please contact the 2017 ICKSMCB secretariat (home@ksmcb.or.kr).