**Registration Cancellation Form**

\*Please fill out the required form and send it to the Secretariat (info@bnskorea.org)

1. **Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **의사면허번호(Domestic Participants Only)** |  |
| **Affiliation** |  | **Mobile Number** |  |
| **Email (ID)** |  |
| **Payment Details** | [ ] **Account Transfer** | Remittance  |  |
| Remittance Date |  |
| Account Number |  |
| Bank Name |  |
| [ ] **Credit Card** | Card no. |  |
| Card Vendor |  |
| Payment date & time  |  |

1. **Cancellation of Registration**
* Cancellation of registration is only accepted before the pre-registration deadline.
* Please note that all bank service charges, and all administration fees will be deducted from congress registration refunds.
* Please fill out this form and send it to the BNS 2024 Secretariat by email (info@bnskorea.org).

|  |  |
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| **Qualification** | **Pre-Registration** |
| **International Participants** | **Domestic Participants** |
| **Physician** | [ ]  USD 150 | [ ]  KRW 150,000 |
| **Resident / Student / Nurse / Technician** | [ ]  USD 50 | [ ]  KRW 50,000 |
| **Industries / Others** | [ ]  USD 200 | [ ]  KRW 200,000 |
| **Breakfast Seminar** | [ ]  USD 20[ ]  USD 40 | [ ]  KRW 20,000[ ]  KRW 40,000 |

2024. (M). (D). Name: (Signature)