

# REGISTRATION FORM

## IVI 10<sup>th</sup> Anniversary International Symposium April 2, 2008

For Secretariat Only	
Date	Reg. No.

\* Please write down in printed letters and tick (V) in appropriate boxes.

### \* Participant Information

Title  Prof.  Dr.  Mr.  Ms.  Others (Please specify)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Name Preferred on Badge**

Institute/Affiliation \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

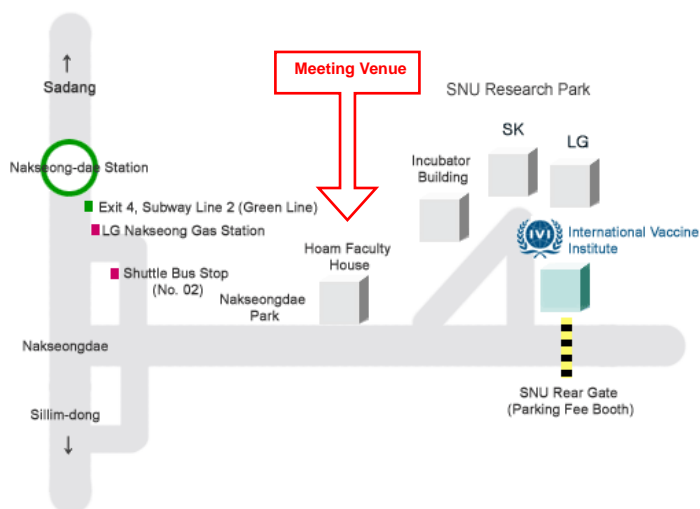
Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### \* Meeting Venue

#### Convention Center, Hoam Faculty House

239-1, Bongcheon-7 dong, Kwanak-gu, Seoul, Korea 151-057

Tel: 82 2 871 4053 / Fax: 82 2 871 4056



\* Lunch will be provided at the meeting.

*Signature*

\* Please send us confirmation after completion of this form to Pilim Choi by fax (+ 82 2 881 1239) or e-mail to [pchoi@ivi.int](mailto:pchoi@ivi.int) by no later than March 15, 2008.