



## Registration Form

**Please Type or Print Clearly :**

Title: (Prof, A/Prof, Dr., Mr., Mrs., Ms) Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

(Preferred name on the name badge) \_\_\_\_\_ Institution : \_\_\_\_\_

Country \_\_\_\_\_ E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Passport number: \_\_\_\_\_

**Special Dietary Requirements:**  Vegetarian  Allergies to: \_\_\_\_\_  Other: \_\_\_\_\_

**Poster submission:**  Yes  No (poster size: W: 55cm x H: 75cm. Register before Sept. 11, 2009)

**Participation (please check sessions you will attend):**

Welcome Reception: Fri., Oct 09 (16:30 ~ 21:30)  Scientific Program I: Sat., Oct 10 (08:30 ~ 15:15)

Off-site Dinner: Sat., Oct 10 (15:45 ~ 21:00)  Scientific Program II: Sun., Oct 11 (08:30 ~ 16:15)

**Accommodations (please check nights and dates). Please note that you will be responsible for all the accommodation costs. NT\$5,720/night (with one breakfast).**

Room type	Dates	Hotel Information
<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin Room shared with: (name) _____	<input type="checkbox"/> Oct 8 (Thur.) <input type="checkbox"/> Oct 9 (Fri.) <input type="checkbox"/> Oct 10 (Sat.) <input type="checkbox"/> Oct 11 (Sun.) <input type="checkbox"/> Oct 12 (Mon.)	Sheraton Taipei Hotel No. 12, Sec. 1, Chung-Shiao E. Rd. Taipei, Taiwan Tel: +886-2-2321 5511 / Fax: +886-2-2394 4240
<p><b>Room rates include single breakfast and high-speed, in-room internet access.</b></p> <p>Special request: <input type="checkbox"/> Handicapped-accessible room <input type="checkbox"/> Other:</p>		

Please submit your registration form to Taiwan Human Genetics Society by Aug 28.

Tel: 886-2-2782-3770 Ext. 112

Fax: 886-2-2789-0775

E-mail: [hsinyi@ibms.sinica.edu.tw](mailto:hsinyi@ibms.sinica.edu.tw)

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