



# ASIAN BREAST DISEASES ASSOCIATION

## The 14<sup>th</sup> ABDA Meeting & Symposium

### (For Overseas Registration)

1. Please fill in this form legibly to facilitate data input.
2. Please put a "✓" into an appropriate "□".

#### CONTACT DETAILS

Title: Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	
Surname:	
Given name:	
Institution:	
Address:	
City:	State:
Zip Code:	Country:
Contact no.:	Email:

#### REGISTRATION DETAILS

	Whole Course (2-days)			Cultural Dinner on 2 <sup>nd</sup> Sep. 2016
<b>Medical Doctors</b> <b>Paramedics /Company Delegates</b> <b>Medical Students</b>	On or Before 24 <sup>th</sup> June 2016	After 24 <sup>th</sup> June to 26 <sup>th</sup> Aug. 2016	2 <sup>nd</sup> -3 <sup>rd</sup> Sep. 2016 (Onsite)	Join us? USD 75 <input type="checkbox"/> (Deadline: 24 <sup>th</sup> June)
	USD 170 <input type="checkbox"/>	USD 185 <input type="checkbox"/>	JPY 20,000 (CASH ONLY, credit cards not accepted)	
	USD 95 <input type="checkbox"/>	USD 115 <input type="checkbox"/>	JPY 12,000 (CASH ONLY, credit cards not accepted)	
	Free <input type="checkbox"/>			
*Please present your student ID at the registration desk.				

\* Based on the date/time chop of the email or fax or the date chop on the postage stamp.

\* Spaces are limited and registration is on a first come first serve basis.



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Total Registration fee: USD \_\_\_\_\_

#### PAYMENT BY CREDIT CARD

VISA       MasterCard

Card Number:

Expiry Date:

Card Holder Name:

Card Holder Signature:

\* Personal Cheque or Bank Draft is not accepted.

For Official Use	
Authorized Code	Date

#### PLEASE SEND THIS FORM TO:

Asian Breast Diseases Association, the Secretariat

E-mail: [abda.secretariat@gmail.com](mailto:abda.secretariat@gmail.com)

URL: [www.abda-breast.org](http://www.abda-breast.org)

- You are advised to check with the Secretariat if you have not received any confirmation of your registration by email after 1 week
- Registration and reception fees are non-refundable for any reason.

#### DISCLAIMER

I request that this application be accepted and agree to abide by all rules and regulations of the ABDA and otherwise undertake to behave in such a manner as to contribute to the safety and well-being of myself and others. I understand that the ABDA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or from my participation in any of its activities, use of its venues, equipment and facilities, and expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities, use of its venues, equipment and facilities. I hereby release and discharge the ABDA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of participation in these activities, use of its venues, equipment and facilities. I understand that the ABDA is not responsible for personal property lost or stolen while on its premises or any other premise or location of its activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_