

## Registration Form of Live Demonstrations

First Name		Last name	
Title		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Address			
City		Prov/State	
Postal Code		Country	
Telephone		Fax	
E-mail		Institution	
Register Fee	<input type="checkbox"/> TSA member                      \$ 3,000 NT <input type="checkbox"/> TSA resident/ trainee            \$ 2,000 NT <input type="checkbox"/> ASA member                         \$ 100 US <input type="checkbox"/> ASA resident/ trainee            \$ 80 US  On-site payment in cash Both NTD and USD are receivable		
Deadline for registration		March 14, 2009 On-site registration is not acceptable.	

Fax or mail us:

Secretariat Ms. Song (宋貞慧)

No.92, Sec. 2, Zhongshan N. Rd., Zhongshan District,

Taipei City 10449, Taiwan

Tel : +886-2-2543-3535

Fax: +886-2-2543-3642

E-mail: mmh.pediatricsurgery@gmail.com