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| Chang Gung Forum 2016**The 9th International Workshop in Cleft Lip & Palate** ***September 30 ~ October 2, 2016***Registration Form (P(Please type or print)

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| Name: |  | Sex: |  |
| Specialty: | 🞎 Plastic Surgeon 🞎 Maxillofacial Surgery 🞎 Others \_\_\_\_\_\_\_\_\_\_\_🞎 Orthodontist (Please tick if you wish to attend the hands on) \_\_ Day 1: PNAM Workshop \_\_ Day 2: Orthodontic Management for Cleft Anomalies / Case Discussion |
| Institution: |  |
| Address: |  |
| City/State: |  | Country: |  |
| Tel:  |  | Fax:  |   |
| E-mail: |  |
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| **Registration Fee** | ***Before*** ***July 30, 2016*** | ***Before*** ***August 30, 2016*** | ***After*** ***August 30, 2016*** |
| Physician | 🞎 US$500 | 🞎 US$600 | 🞎 US$650 |
| Resident\* | 🞎 US$400 | 🞎 US$450 | 🞎 US$500 |
| Accompanying Person | 🞎 US$100 | 🞎 US$150 | 🞎 US$150 |

*\* Residents must include a verification letter from their program director to qualify for the reduced rate.***Registration Payment:**  |
| 🞎 Credit card: 🞎 Visa 🞎 Master  | Issuing Bank:  |
| Card No.:  | Expiration Date: yr/ mo |
| Total Amount:  | Transaction Date:  |
| Verification Code: \_\_ \_\_ \_\_(last 3 digits on the back of the card) | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(same as the signature on your card) |

The Secretariat: Chang Gung Craniofacial Center 5, Fu-Hsin Street, Gueishan, Taoyuan 333, Taiwan Tel: (886)-3-3273726; Fax: (886)-3-3273369 E-mail: nd2430@cgmh.org.tw <http://www.CG-Forum.org>  |