

## ASLM Conference 2017

### Registration Form

Last Name * :	First Name * :
Suffix to name (e.g. Jr, MD, DrPH, MPH, RND, etc.) :	Organization or Institution * :
Daytime Phone Number* :	Occupation/Specialization in medicine?* :
Mobile phone number * :	
Email* :	Birthdate* :
Complete Address of Clinic or Medical Practice* (If none, Please give us the country you represent) :	
Pay Amount	<p><b>(A)\$950USD</b> Full Fee includes 1yr membership fee, hotel single person, meals, gala dinner, film night, airport pick-up, and conference bag &amp; materials.</p> <p><b>(B)\$775USD</b> all the above except shared 2 twin bed room.</p> <p><b>(C)\$600USD</b> all the above except with NO hotel lodging.</p> <p><b>(D)\$540 USD</b> Students for all the above with shared 2 twin bed room.</p> <p><b>(E)\$420 USD</b> Students for all the above with NO hotel lodging.</p> <p><b>(F)\$327 USD</b> Local Residents in Taiwan for lectures, Gala Dinner &amp; meals only.</p> <p><b>(NTD 9,8000</b> Local Registrants can pay Taiwan dollars direct via bank transfer.)</p> <p>三育健康教育中心匯款帳戶</p> <p>匯款銀行：合作金庫銀行 埔里分行 戶名：財團法人臺灣基督復臨安息日會三育健康教育中心</p> <p>帳號：0700-7171-00117 銀行代號：006</p>
Credit Card Payment	<p>Credit Card Payment Option : <input type="checkbox"/> VISA      <input type="checkbox"/> MASTER</p> <p>Credit Card No. : _____</p> <p>Expiry Date : _____ Month _____ Year</p> <p>Cardholder's signature : _____</p> <p>CCV : _____ (3 digits number printed on the signature area of the back of the card)</p>

**\*Please download this Registration Form, fill out the Form, and**

**FAX : +886-49-2899659 to complete Your Registration.**

**\*Or go direct to [www.lifestylemedicineasia.org](http://www.lifestylemedicineasia.org) to register and pay via online credit card.**

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