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| **CANCELLATION FORM** |

**The 41st Annual Meeting of Korean Cancer Association 2015**

 **Cancellation and refund policy is as below.**

- Any applicable refunds will be issued within 30 days of the last day of the Conference after deducting cancelation charge.

- The registration payment will be refunded if cancellation is made by **May, 31 2015**. After this date, no refund can be made.

Please fill out the form, and send by an e-mail to **cancer1@kams.or.kr** **or fax to +82-2-792-1410.**

**Currently enrolled at:**

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| **Full Name** |  |
| **E-Mail Address** |  |
| **Institution** |  |
| **Payment Method** | 1. Credit Card ( ) 2. Bank transfer |
| **Bank Information** | Account Holder’s Name: |
| Bank Name: |
| Account Number: |
| Swift Code: |
| Bank Address: |

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| --- | --- | --- | --- |
| **SIGNATURE** |  | **DATE (MM/DD/YY)** |  |