

The 41<sup>st</sup> Asian Christian Medical Workers & Students Exchange Program  
Registration Form (2012)

Please print

漢字姓名：

Name (First / Last)	/		
Date of Birth	(M)	(D)	(Y)
Nationality		Sex	
Occupation			
Institution / Hospital			
Position			
Phone / Fax			
E-mail			
Others			

Family member	Name (First / Last)	Sex	Date of Birth
Spouse	/		
Children	/		
Family	/		

● I intend to attend

- [  ] All the Program → August 6-12, 2012  
 [  ] Student Field Work → August 6-8, 2012  
 [  ] Saline Solution Training → August 8-9, 2012  
 [  ] Exchange Program → August 9-12, 2012

● Lodging (*Number of people*)

	Room Style	Room Charge (Per night)	Aug. 9 (THU)	Aug. 10 (FRI)	Aug. 11 (SAT)
A	Single room	US\$125 / Room			
B	Twin room	US\$ 65 / Per Person			
C	Triple room	US\$ 55 / Per Person			
D	Student room	US\$ 35 / Per Person			

- Registration fee include meals.
- Deadline for registration: July 10, 2012
- Please send this form to the TCMA office:
  - Fax: (+886) 2-2551 5366
  - tcma9710@gmail.com