

Registration & Hotel Reservation Form

Please fill in with block letters or type and return the form together with payment either by fax or postal mail to: OMCOS-11 Secretariat P.O. BOX 23-114, Taipei 106, Taiwan Tel: +886-2-2927-5500 Fax: +886-2-2364-4971 Email: omcos@ccms.ntu.edu.tw	For secretariat use Reg. No: _____ Date RCVD: _____ Confirmation: _____
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➤ **Only one participant per form**

1. PARTICIPANT INFORMATION (Please Print)

Last name _____ First name _____ Initials _____
 Title Prof. Dr. Mr. Mrs. Ms.
 Institution _____
 Mailing Address _____
 City _____ State (Province) _____ Postal Code _____ Country _____
 Tel _____ Fax _____ Email _____

2. ACCOMPANYING PERSON INFORMATION (Please Print)

Last name _____ First name _____ Initials _____
 Last name _____ First name _____ Initials _____

3. SOCIAL PROGRAM & HOTEL ACCOMMODATION

◆ Reception & Banquet	Fee (US\$)	No. of Persons	Amount
Welcome Reception – July 22, 19:00 <input type="checkbox"/> Yes <input type="checkbox"/> No	Free		
Congress Banquet – July 25, 19:00	70		
Subtotal A			

◆ Optional Tour	Fee (US\$)	No. of Persons	Amount
Excursion - July 25, 14:00 <input type="checkbox"/> Yes <input type="checkbox"/> No	Free		
Wulai Aboriginal Village Tour - July 23, 13:30-17:30	30		
Taipei City Tour - July 24, 08:30-12:00	22		
Yangmingshan National Park & Museum Tour- July 24, 09:00-17:30	75		
Folk Arts Tour - July 24, 13:30-17:30	30		
Culture Tour - July 25, 08:30-12:00	40		
Window on China Tour - July 26, 07:00-12:00	45		
Subtotal B			

◆ Post Conference Tour	Fee (US\$)	No. of Persons	Amount
Puli, Sun Moon Lake & Formosan Aboriginal Culture Village- July 27-28	160		
Subtotal C			

◆ Hotel Accommodation			
	Hotel	Room Type	Price (NT\$) Deposit (US\$)
1	The Grand Hotel	City View Deluxe Room	4950 <input type="checkbox"/> 165
		Mountain View Deluxe Room	4600 <input type="checkbox"/> 155
		Superior Room (Chi-Lin Pavilion)	3950 <input type="checkbox"/> 135
		Superior Room (Golden Dragon)	3950 <input type="checkbox"/> 135
		Inside Room (without windows)	2600 <input type="checkbox"/> 90
2	Dragon Court (Taipei Fortuna Hotel)	Twin Room	2750 <input type="checkbox"/> 95
		Single Room	2640 <input type="checkbox"/> 90
3	Civil Service Department Institute	Twin Room	3600 <input type="checkbox"/> 120
		Single Room	1800 <input type="checkbox"/> 60
4	National Training Institute for Farmer's Center	Twin Room	1300 <input type="checkbox"/> 45
5	Academia Sinica Activity Center	Twin Room	1100 <input type="checkbox"/> 40
		Single Room	700 <input type="checkbox"/> 25
Subtotal D			

➤ Please indicate 3 choices of the hotels listed above:

1st _____ 2nd _____ 3rd _____

The OMCOS-11 Secretariat will make the hotel reservation upon your request. The 1st choice will be considered as the highest priority. The 2nd and the 3rd choices will only be considered if the 1st choice is not available.

The registration fee should include the deposit of the 1st chosen hotel. Reservation cannot be confirmed until payment is received.

➤ I need to share the room with Mr. / Mrs. / Ms. _____.

➤ **Flight Information**

Arrival Flight No. _____ Date & Time _____

Departure Flight No. _____ Date & Time _____

4. SPECIAL FOOD REQUEST

Vegetarian No Beef No Pork Other _____

5. PLEASE INDICATE IN THE PROPER SQUARES BELOW

I am a graduate student or postdoc. A statement from my supervisor confirming my status is enclosed.

I am submitting a paper and **Form 2** is enclosed.

I wish to obtain a letter of invitation.

6. REGISTRATION FEES

◆ Registration Fees	Before May 1, 2001	After May 1, 2001	Amount
Active Participant	US\$ 400	US\$ 450	
IUPAC Affiliation Member	US\$ 360	US\$ 410	
Student & Postdoc	US\$ 100	US\$ 150	
◆ Accompanying Person	Fee (US\$)	No. of Persons	Amount
Registration Fee	150		
Subtotal E			
Total Amount (A + B + C + D + E) =			

7. PAYMENT METHOD

Bank Draft (Please send a copy of bank draft receipt with this form)

Credit Card : Visa MasterCard JCB MasterCard/EuroCard

Card No : --- Expiration Date _____

Name of cardholder (please print) _____

Signature of cardholder _____ Date _____

For Secretariat USE ONLY	Total Amount Charged: NT\$ _____	Authorization No. _____	Date _____
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Please make bank draft payable to: <u>OMCOS</u>	Mailing Address: OMCOS-11 Secretariat P.O. BOX 23-114, Taipei 106, Taiwan
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I herewith confirm by my signature below that I am fully aware of the conditions stated above.

Signature _____ Date _____