

2015 台灣 TCMA CCMM 醫療傳道聯合退修會
The 44th Asian Christian Medical Worker & Student Exchange Program

Delegate Registration Form

Please print

漢字姓名：

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

Family Member	Name (First / Last)	Sex	Date of Birth	Passport Number
Spouse	/			
Children	/			
Family	/			

● I intend to attend

[] August 4-9, 2015 → All the Program(Student Field Work + Exchange Program)

[] August 7-9, 2015 → Exchange Program only

● Lodging Fee (*Number of people*)

	Room Style	Room Charge (Per night)	Aug. 7 (FRI)	Aug. 8 (SAT)	Amount
A	Single room	US\$100 / Room			US\$
B	Twin room	US\$ 50 / Per Person			US\$
C	Student room	US\$ 30 / Per Person			US\$

● Registration Fee (including meals)

Delegate	US\$150 x	Persons	US\$	Reg. Fee Amount US\$
Family	US\$100 x	Persons	US\$	
Medical Student	US\$60 x	Persons	US\$	

● Lodging Fee + Registration Fee = Total US\$ _____

● Deadline for registration: July 1, 2015

● Please send this form to the TCMA office: tcma9710@gmail.com

Confirmation Sheet

Pleas Email or Fax before July 25, 2015

FAX: 886-2-25515366

Email: tcma9710@gmail.com

Full Name

Country

Arrival Date

Arrival Time

Airline & Flight No.

I will arrive at Taoyuan International Airport, Taiwan around 12:30-13:00 on
(Please select one of the date as follows)

- ☐ Aug. 4th (Tue), 2015 (Field work delegate only)
- ☐ Aug. 7th (Fri), 2015

A shuttle bus will be available to drive you to the venue directly.

Departure Date

Departure Time

Airline & Flight No.

- ☐ I would like to take the free bus to Taoyuan International Airport.

The shuttle bus will be available to drive you from the Changhua Christian Hospital to Taoyuan International Airport directly.

The bus will be leave at 10:00AM. Aug. 9th (SUN), 2015 and will arrive to Taoyuan International Airport around 12:00AM.