



CONFERENCE REGISTRATION FORM

PARTICIPANT'S INFORMATION

Last name (family name), First name _____

Title (Dr., Prof., Mr., Ms., etc) _____

Institution _____

Address _____

Phone _____ Fax _____ Email _____

PAYMENT BY CREDIT CARD

Total amount to be charged to your credit card \$ _____ in payment for the following (please check all that apply):

_____ **1. CONFERENCE REGISTRATION FEE = \$ _____**

\$300 FOR EACH PARTICIPANT; \$250 FOR EACH STUDENT

_____ **2. STUDY TOUR = \$ 900 FOR THE FOLLOWING ITINERARY:**

March 3rd: all day tour of Seoul (includes transportation, entrance fees, lunch; excludes dinner and hotel stay in Seoul on the night of March 3rd). **BE SURE TO CHECK OUT OF YOUR HOTEL IN SEOUL BEFORE THE MARCH 4TH TOUR TO GYEONGJU CITY.**

March 4th-5th: one day tour of Gyeongju city and one day tour of Busan (includes train and bus transportation from/to Seoul, lunch for both days, hotel stay for the night of March 4th in Gyeongju and the night of March 5th in Seoul). **PLEASE SCHEDULE YOUR FLIGHT FROM INCHEON INTERNATIONAL AIRPORT ANY TIME ON MARCH 6TH. PLEASE MAKE OWN ARRANGEMENT FOR YOUR AIRPORT TRANSFER.**

Credit card # (Visa or MC only) _____ Exp Month/Year _____

Authorized signature _____ 3-digit security code _____

PLEASE RETURN COMPLETED REGISTRATION FORM BEFORE NOVEMBER 15th 2009

- ✚ By fax to 1 (671) 734-5362, attention: Dr. Ruane, University of Guam, School of Business and Public Administration, or
- ✚ By email as PDF file to ruanemcm@yahoo.com (subject: Seoul 2010 Conference Registration)