**Cancellation & Refund Requests**

|  |  |  |
| --- | --- | --- |
| **Name (First/Last Name) \*** |  | |
| **Affiliation \*** |  | |
| **E-mail \*** |  | |
| **Mobile phone \*** |  | |
| **Registration fee \*** |  | |
| **Paid by \*** | | |
| **□ Card** |  |  |
| **□ Bank Transfer**  **(Refund)** | **Bank Name:** | |
| **Account Number:** | |
| **Account Holder’s Name:** | |

**Please Note**

* The deadline for refund requests(emailed) is April 15th.
* A refund with 50% charge will be made to any person canceling their registration within 14 days to the first day of the conference.
* After the above deadline, no refunds of any type, including no-shows, are given.
* A registration Cancellation Processing Fee is deducted from all refunds.
* For additional information, contact admin@khupo.org.

**The Korean Human Proteome Organization**

**Room 307, Seoul National University Medical School, 103, Daehak-ro, Jongno-gu, Seoul, Republic of Korea**

**Tel. +82- 2-393-8328**

**E-mail. admin@khupo.org**