**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.

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