The International Conference of Stem Cells and Regenerative Medicine for Neurodegenerative Diseases

Taiwan, April 22-24, 2010

2010 Registration

Title	○Prof. ○Dr. ○Mr. ○Mrs. ○Ms.
Name	Last Name (Family Name) _____ First Name (Given Name) _____ Middle Initial _____ ___ _____
Gender	○Male ○Female
Institution / Organization	
Mailing Address	
Tel. No.	+[ ]-[ ]-[ ]#[ ] (Country Code-Area Code-Tel No. # ext.)
Fax No.	+[ ]-[ ]-[ ]#[ ] (Country Code-Area Code-Tel No. # ext.)
E-mail Address	(E-mail is your ID, please keep it.)
Dietary Requirements	Vegetarian only
Registration Fees	○General Participant NTD 1000(_USD31.5) ○Student and Tzu Chi faculty NTD 200 #Pay upon arrival
Accommodation	We can help booking (Hotel website)
Transportation	From Airport / Train station to Tzu-Chi Hospital
Social Program	4/25 One-day Tour in Taroko Gorge (NTD 1000) (○YES or ○No) 4/24 Stay over night in Ilan County(Hot Spring and Airport Transportation Service Available)_____(__) (Price to be determined) (○YES or ○No) 4/25 Stay over night in Ilan County(Hot Spring and Airport Transportation Service Available)_____(__) (Price to be determined) (○YES or ○No)

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