



**On-Site REGISTRATION FORM
MICROTAS 2018 CONFERENCE
11-15 NOVEMBER 2018
KAOHSIUNG, TAIWAN**

ATTENDEE FORM

First/Given Name: _____ Last/Family Name: _____

Preferred First Name on Name Tag: _____

Position: _____

Organization: _____

Street: _____

City: _____ Zip/Postal Code: _____

State: _____ Country: _____

Phone No.: _____ Fax No.: _____

Email: _____

Classification: Participant Conference Presenter Author Paper No.: _____

Please note that at least one author has to register for each paper in order to publish it in the conference proceedings and the final program. For this reason, please insert your paper number.

If you require special arrangements, please indicate your request below:

Dietary: _____

CONFERENCE FEE

Participant	US\$995	NT\$32,000	\$ _____
Student	US\$750	NT\$24,000	\$ _____

DAILY CONFERENCE FEE

Participant	US\$500	NT\$16,000	\$ _____
Student	US\$350	NT\$11,000	\$ _____

BANQUET TICKET

Cost per ticket: US\$85 NT\$3,000 No. of ticket(s): _____ Total: \$ _____

Name of Guest (if applicable) _____

SUNDAY WORKSHOPS

A variety of 3 hour workshops will be offered on Sunday, 11 November 2018. Morning workshops begin at 9:00 a.m. and the afternoon workshop begin at 2:00 p.m. Fee includes entrance to one workshop.

Which course? Please see page 41 of the program for workshops titles:

Workshop 1 (Morning)	US\$50	NT\$2,000	\$ _____
Workshop 2 (Morning)	US\$50	NT\$2,000	\$ _____
Workshop 3 (Morning)	US\$50	NT\$2,000	\$ _____
Workshop 4 (Morning)		Workshop is FULL	
Workshop 5 (Morning)	US\$50	NT\$2,000	\$ _____
Workshop 6 (Afternoon)		Workshop is FULL	
Workshop 7 (Afternoon)	US\$50	NT\$2,000	\$ _____
Workshop 8 (Afternoon)	US\$50	NT\$2,000	\$ _____
Workshop 9 (Afternoon)	US\$50	NT\$2,000	\$ _____
Workshop 10 (Afternoon)	US\$50	NT\$2,000	\$ _____

PAYMENT

Cash NT\$ _____ US\$ _____

Check/Money Order – Make checks payable to in US Dollars (\$) Only: **MicroTAS 2018 Conference**

Credit Card Payment (circle one) VISA MasterCard American Express

Card No.: _____

Exp. Date (MM/YY) _____ / _____ Name of Cardholder: _____

Cardholder Signature: _____

Billing Street Address: _____

City: _____ Zip/Postal Code: _____

State: _____ Country: _____