7th YONSEI INTERNATIONAL

MINI-RESIDENCY

FOR ADVANCED ORTHODONTICS

* **DATES:**

**COURSE I: JUNE 22(THU) – JUNE 27(TUE), 2017 (6 days)**

**COURSE II: JUNE 19(MON) – JUNE 27(TUE), 2017 (9 days)**

* **VENUE: YONSEI UNIVERSITY DENTAL HOSPITAL / 7F Auditorium**

**50-1 YONSEI-RO, SEODAEMUN-GU, SEOUL, 03722, South Korea**

**REGISTRATION FORM**

**PERSONAL INFORMATION (\*Items are must)**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*NAME**  **in full** |  | **\*COUNTRY** |  |
| **\*Gender** | **Male □ Female □** | **\*AFFILIATION/**  **INSTITUTE** |  |
| **\*ADDRESS** |  | | |
| **\*PHONE** |  | **FAX (if applicable)** |  |
| **\*E-mail** |  | | |

**REGISTRATION FEE (Deadline: May 1st, 2017)**

|  |  |  |
| --- | --- | --- |
| **CLASSIFICATION** | **COURSE I (JUNE 22-27)** | **COURSE II (JUNE 19-27)**  **(Max 12 persons)** |
| **ORTHODONTIST** | **US$ 1,200 □** | **US$ 1,800 □** |
| **POSTGRADUATE STUDENT** | **US$ 600 □** | **US$ 900 □** |

* **Casual lunch, reception, get-together party events are included.**
* **Hands-on materials & handouts are provided.**

**PAYMENT**

|  |  |
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| **WIRE TRANSFER □**  SWIFT CODE : HVBKKRSEXXX  ACCOUNT NO : 0011-2053761-000  BANK NAME: WOORI BANK  RECEPIENT : YONSEI UNIVERSITY MEDICAL CENTER | **CASH/CREDIT CARD**  **ON ARRIVAL □** |

In case of wire transfer, please bring the invoice to the registration desk.

**ACCOMMODATIONS NEARBY**: Please see flyer. You may reserve accommodations on your own.

**CONTACT INFORMATION**

For registration & inquiries, please submit the form via E-mail or fax to the followings:

**E-mail: orthbs@yuhs.ac TEL: +82-2-2228-3096 FAX: +82-2-363-3404**

**Department of Orthodontics**

**Yonsei University College of Dentistry**

**50-1 Yonsei-ro, Seodaemun-gu, Seoul, 03722, Korea**

