|  |
| --- |
| Confirmation Reply FormFirst name(s):  |
| Surname (Family name):  |
| Title or position:  |
| Sex (male, female):  | Nationality:  |
| Organization name:  |
| Organization address:  |
| City/Post Code/Country:  |
| Telephone number:  | Fax number:  |
| E-mail address:  |

|  |  |
| --- | --- |
| I WILL TAKE PART IN the Symposium as Regular participant:  | as Student:  |
| Field excursion:  |

Please complete this form and return it no later than **March 1, 2017**

to: Prof. Daekyo Cheong,

e-mail: dkcheong@kangwon.ac.kr

\* IF YOU NEED IN AN OFFICIAL INVITATION LETTER, PLEASE FILL OUT VISA APPLICATION FORM

Please send an Invitation Letter request to Prof. Daekyo Cheong no later than **April 15, 2017**