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| --- | --- |
| Confirmation Reply Form  First 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**