**[Registration Cancellation& Refund Form]**

We are sorry that we didn’t see you in the IFFAS 2024 Seoul, Korea. Please refer to the following information as a guide for cancellation. If you have further query, please mail to reg@iffas2024korea.com

**Cancellation and refund policy is as below;**

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| * All applicants for cancellation must complete the cancellation application process.
* Please fill up the form as follow and send it to the mail to reg@iffas2024korea.com
* If you want a refund, you must submit a refund application form following the cancellation application form.
* Please note that the refund will be made according to the period of the below.
* Cancellation or refund of registration is not possible in any case other than cancellation of registration and refund request through the secretariat e-mail.
* Registration cancellation will be made according to the contents of the application for cancellation of registration received.
* If you wish to re-register after receiving the cancellation application, you must proceed with the official registration process again.
* In case of cancellation of participation who paid by wire transfer, registration fees will be refunded minus a handling fee of 40 USD per person until April 30, 2024 KST.
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| Cancellation by April 30, 2024 KST | 100% Refund(USD 40 deduction for administration fee) |
| Cancellation from May 1, 2024 KST | No Refund |

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| **Registration Information** |
| Registration No. |  |
| First Name |  | Last Name |  |
| Email Address |  | Mobile Number |  |
| Country (Residence Basis) |  |
| Affiliation (소속) |  |
| **Cancellation Options** |
| Reasons for cancellation and change |   |
| Amount Paid |  |
| Refund Request | 1. Full( ) 2.Partial( ) : Amount
 |
| **Payment Information** |
| **Payment Method** | 1. Credit Card ( ) 2. Wire Transfer( )
 |
| Paid by Credit card | Card Company |  |
| Card Number  |  |
| **Card Holder** |  |
| Date Paid | (dd-mm-yyyy) |
| Paid Amount |  |
| **Paid by Wire Transfer** | **Bank Name** |  |
| **Account Number** |  |
| **Account Holder** |  |
| Date Paid | (dd-mm-yyyy) |
| Paid Amount |  |

\* The personal information entered above will not be used

except for the purpose of cancellation of registration.

\* I hereby certify that the above information is true and correct.

Signature: Date: