REGISTRATION FORM

Attendance	'11.11.16 (Busan BEXCO Conference 201) ☐	
	'11.11.17 (Busan BEXCO Conference 201) ☐	
Country		
Institution/Organization		
Full Name		
Title		
Position		
Office Address		
Sex	Female ☐	Male ☐
Nationality		
Date of Birth		
Passport Number		
Place of issue		
Date of issue		Date of Expiry:
Contact Information	Tel:	Fax:
	E-mail:	

Kindly return a completed form by fax: +82-2-503-9174 or e-mail to: jy104@mifaff.go.kr and bansock@kmi.re.kr.jjiyeon@hotmail.com