**Application for on-site payment registration**

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| **Name** |  |
| **E-mail** |  |
| **Position** | **Prof. / Dr. / Mr. / Ms** |
| **Affiliation** |  |
| **Presentation Date** |  |
| **Payment Amount** | |
| □ Onsite Participation (800 USD)  □ Onsite General Participation (600 USD) | |
| **Notice** | 1. **All presenters must register in advance.**   **(Pre-registration is also recommended for general participants.)**  **② Card cancellation is not possible after the pre-registration period.**  **③ On-site payment participants should fill out this form and send it to info@asem25.org.**  **※ General participants can register during the conference period.** |