**REGISTRATION CANCELLATION REQUEST FORM**

**1. Personal Information**

|  |  |  |
| --- | --- | --- |
| **\*** Name | First | Last |
|  |  |
| **\*** Affiliation |  | |
| **\*** Phone |  | |
| **\*** E-mail |  | |

**2. Registration Information**

|  |  |  |
| --- | --- | --- |
| Registration No. (if known) |  | |
| **\*** Registration Fee |  | |
| **\*** Payment Method | □ Credit Card | □ Bank Transfer |

**3. Refund Information [For payment via wire transfer Only]**

(Please provide your bank account details if you have made payment via wire transfer.)

|  |  |
| --- | --- |
| **\*** Name of Bank |  |
| **\*** Account No. |  |
| **\*** Account Holder Name |  |
| **\*** Branch Name & Address |  |
| **\*** SWIFT CODE |  |
| **\*** CHIPS UID |  |
| **\*** IBAN Code |  |
| **\*** Sort Code |  |
| **\*** Routing No. |  |

**\* Required.**

**\* For foreigners only.** (Fill in the blanks if applicable, depending on your country)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **※ Cancellation and Refund Policy ※**   * The cancellation of full payment registration and reimbursement will only be accepted in written form and must be submitted via email to the secretariat. ([icomes@into-on.com](mailto:icomes@into-on.com)) * Prior to making a payment, canceling registration through "My page - Registration" is possible.   However, payment has already been processed; it is necessary to contact the secretariat for further assistance.   * Please note that refunds will be processed after the conference. * All bank service charges and administration fees will be deducted from the refund. * Please refer to the following deadlines for cancellation.  |  |  | | --- | --- | | **Before Pre-Registration Deadline** | **Full Refund** | | **After Pre-Registration Deadline** | **No Refund** | |
|  |

**Signature**

**Date:**