

 **Request for Cancellation of 15th ICDM Registration**

※ Please fill out the form and send it to the congress secretariat at icdm@diabetes.or.kr.

**I. Personal Information**

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| --- | --- | --- | --- |
| **ID** |  | **Membership** | **□ Member □ Non-member** |
| **Name** |  | **Profession** |  |
| **Organization** |  | **Date of Birth** | (i.e. 1980-Nov-16) |
| **Phone** |  | **E-mail** |  |
| **Credit Card No.** |  | **Credit Card Vendor** |  |

**II. Cancellation of Registration**

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|  | **Early registration****(~11 August, 2025)** |
| **Member** | **Non-Member** |
| **Full registration(Regular rate)** | [ ] KRW 280,000[ ] USD 280 | [ ] KRW 350,000[ ] USD 350 |
| **Full registration****(Reduced rate)** | [ ] KRW 180,000[ ] USD 180 | [ ] KRW 230,000[ ] USD 230 |
| **One-day registration(Regular rate)** | [ ] KRW 170,000[ ] USD 170 | [ ] KRW 210,000[ ] USD 210 |
| **One-day registration****(Reduced rate)** | [ ] KRW 110,000[ ] USD 110 | [ ] KRW 140,000[ ] USD 140 |
| **Low-income countries** | [ ] USD 150 |
| **Gala Dinner** | [ ] USD 55**Cancelling only for gala dinner is not possible.****If you wish to cancel the dinner, please cancel your****entire registration and re-submit your payment.** |

**NOTE**

- Cancellation of registration is only acceptable in written form BEFORE the deadline of registration.

|  |  |
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| By 20 August 2025 | 100% refund |
| From 11 August 2025 | No refund |

*I hereby request the cancellation of 15th ICDM registration.*

**YYYY/MM/DD Name (Signature)**