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| **Registration Cancellation Request Form**  **1. Personal Information**   |  |  |  | | --- | --- | --- | | **\*** Name | First Name | Last Name | |  |  | | **\*** Affiliation |  | | | **\*** Phone |  | | | **\*** Email |  | |   **2. Registration Information**   |  |  |  | | --- | --- | --- | | **\*** Registration No. |  | | | **\*** Registration Fee |  | | | **\*** Payment Method | □ Credit Card | □ Bank Transfer |   **3. Refund Information [For payments made 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**  **\* Only for foreigners** (Please fill in the blanks as applicable, depending on your country.)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **※ Cancellation and Refund Policy ※**   * Cancellation of fully paid registrations and reimbursement requests 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, if 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 the Pre-registration Deadline** | **Full Refund** | | **After the Pre-registration Deadline** | **No Refund** | | |  |   **Name:** (Signature)  **Date:** |