

# WEL Workshop & Fair Application

**December 13th (Taipei-Taiwan), 2019**

## School Information :

PLEASE COMPLETE EACH BLANK (CAPITAL LETTER) SPACE BELOW, SIGN, SCAN AND RETURN BY EMAIL TO US.

School Name : \_\_\_\_\_

Address : \_\_\_\_\_ Post code : \_\_\_\_\_

City : \_\_\_\_\_ State/Province : \_\_\_\_\_ Country : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ Skype : \_\_\_\_\_

E-mail : \_\_\_\_\_ Website : \_\_\_\_\_

## Participants :

1st Attendee : Mr. ( ) Ms. ( ) \_\_\_\_\_ Position : \_\_\_\_\_

2nd Attendee : Mr. ( ) Ms. ( ) \_\_\_\_\_ Position : \_\_\_\_\_

Direct e-mail and mobile phone number of Attendee : \_\_\_\_\_

## About Your School :

What types of course are you interested in representing? (Mark with an X)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> High School     | <input type="checkbox"/> Business English Program       | <input type="checkbox"/> Postgraduate Program |
| <input type="checkbox"/> Language Course | <input type="checkbox"/> Specialized/Certificate Course | <input type="checkbox"/> MBA                  |
| <input type="checkbox"/> Summer Programs | <input type="checkbox"/> Undergraduate Degree/Bachelor  | <input type="checkbox"/> Masters/Doctorate    |

## Taiwanese Visa –Invitation Letter

Please tick if you need an official invitation letter to get the visa.

- 1st Attendee     2nd Attendee

## By TT or Wire : Bank details :

Bank Name: Kookmin Bank (Jamsil Nam Branch).    Account No: 478768-11-003123

Account Name: Nam Sang Soon    Swift BIC: CZNBKRSEXXX

Bank Address: 1-8, Samjeon-dong, Songpa-gu, Seoul, Korea.    TEL: 822 2197 3614

## Term and Conditions

I read the Term & Conditions on [www.seoulworkshop.com](http://www.seoulworkshop.com) and agreed with it, on behalf of the School, I confirm to participate in the WEL workshop in Taiwan. The participation fees are remitted by the Wire Transfer..

The credit card to guarantee for your participations  **Master**     **Visa**     **American Express**

Card Number: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**\*\*Please send credit card authorization form with this application.**

Signature :

Date:

PLEASE SIGN AND RETURN BY E-MAIL TO [seoulworkshop4u@gmail.com](mailto:seoulworkshop4u@gmail.com) or FAX TO 82 2 3477 0251

