

# WEL Workshop & Fair Application

## 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    |

## South Korean 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: 478768-11-000487  
Account Name: Han Shin Consulting.    Swift BIC: CZNBKRSEXXX  
Bank Address: 209-6, Jamsil-dong, Songpa-gu, Seoul, Korea.    TEL: 822 419 1674

## 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 World Edu-Link workshop in Korea. The participation fees are remitted by the Wire Transfer..

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

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

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

Signature :

Date:

PLEASE SIGN AND RETURN BY E-MAIL TO [seoulworkshop4u@gmail.com](mailto:seoulworkshop4u@gmail.com) or What's App 82 10 9116 5340