

The 6th International Congress of Morita Therapy in Vancouver (Aug. 24-25, 2007)
“Future of Morita Therapy”

Congress Registration Form

Please complete this 2-page form, and mail, fax, or e-mail it to the Secretariat, the 6th International Congress of Morita Therapy. (Early registration and payment is optional.)

- *Mailing address:* Secretariat, International Congress of Morita Therapy, Faculty of Education, University of British Columbia, 2125 Main Mall, Vancouver, B.C., Canada V6T 1Z4
- *Fax:* (604) 822-3302 (international: 001-604-822-3302)
- *E-mail address:* morita-therapy-program@hotmail.com

All participants and presenters (including: symposists, symposium chairs, educational session leaders, and poster session presenters) are required to register for the Congress.

Part 1: Participant Identification

*(Asterisks * denote optional information.)*

Title: () Prof., () Dr., () Mr., () Ms., () Other: _____ ; Academic Degree*: _____

First Name: _____ Family Name: _____

Occupation*: _____ Position*: _____

Institutional/Organizational Affiliation*: _____

Mailing Address: _____

FAX: _____ ; TEL: _____

E-mail Address: _____

Accommodation during Congress*: I plan to stay at _____

Part 2: Registration and Fee Payment

To receive discounts on registration fees**, please register early with your payment as shown in the following table.

	<u>Early Registration Discounts</u>	<u>Standard Fees</u>
	<i>May 2 to July 31, 2007</i>	<i>after August 1</i>
1. Full Registration	\$210 (US\$185)	\$240 (US\$215)
2. Student Registration	\$120 (US\$105)	\$140 (US\$125)
3. Not-for-profit Society Volunteer Member Registration	\$145 (US\$130)	\$170 (US\$150)
4. One-day Only Registration***	\$110 (US\$100)	\$130 (US\$115)

** Fees may be paid in either Canadian Dollars or U.S. Dollars. Please specify when paying.

*** One-day only registration has NO additional discounts for student registrants or not-for-profit society volunteer members. There is only a flat rate for one-day registration.

1. Your Name: _____ Today's Date: _____, 2007

2. Please choose your registration status (check one):

- 1. Full Registration
- 2. Student Registration
 - Institution, Faculty, Department/Program: _____
 - Currently Enrolled Degree Program: _____
- 3. Not-for-profit Society Volunteer (Volunteer Organization) Member Registration
 - Name of Organization: _____
 - Your position/nature of work: _____
- 4. One-day Only Registration: I plan to attend: () Day 1; () Day 2.

3. Do you plan to attend any of the following optional events?

- 1. Cultural exchange event (free) on August 23, 2007 (around 4.00-5.00pm)
- 2. Welcoming reception (free) on August 23, 2007 (around 5.30-7.30pm)
- 3. Dinner party (\$50CAD or \$45USD/person) on August 24, 2007

4. Calculation of Total Registration Cost:

- Congress Registration Status:
() full, () student, () volunteer org. member, () 1-day only \$ _____
- Optional: Dinner party on Aug. 24 @ \$50CAD/person x _____ \$ _____
If you are paying for additional guests, enter the total amount.
- Indicate dietary restrictions: _____

Total paid: \$ _____

5. Payment Method (Please choose one.)

- 1. I am NOT paying now. I plan to pay a *Standard Fee* after August 1, 2007.
- 2. International money order, or certified cheque (payable to "International Congress of Morita Therapy in Vancouver") -- Enclosed
- 3. Personal cheque (payable to "International Congress of Morita Therapy in Vancouver") -- Enclosed
Please note: For each non-sufficient fund cheque, a fee of \$25 will be charged.
- 4. Credit card (*Visa* only): Please fill out the form below with your signature.

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Credit Card (*Visa*) Payment:

I authorize the International Congress of Morita Therapy to charge my Congress registration fees to my credit card (*Visa*) as listed below.

Cardholder: _____ Visa # _____ - _____ - _____ - _____

Amount to be Charged: _____ (\$ _____)

Expiration Date: _____ Above amount in () Canadian, () U.S. Dollars

Your Authorizing Signature: _____

Cancellation and Refund Policy Regarding Early Registration Payments

Please notify the Congress Secretariat in writing by fax or by e-mail if you wish to cancel your early registration and payment. Twenty Canadian Dollars (\$20CAD or \$17USD) will be charged for processing each refund request. Our cancellation and refund policy is as follows:

	<u>Refund request received on or before:</u>
1. 100% refund minus \$20	May 1, 2007
2. 75% refund minus \$20	June 15, 2007
3. 50% refund minus \$20	August 1, 2007
4. 0% refund	(No refund after August 1, 2007)

Please fill out and sign the following form, and fax or mail this entire page to the Congress Secretariat. We will acknowledge the receipt of your cancellation and refund request by e-mail or by fax within 5 working days. If you do not hear from us after 5 working days, please contact us by e-mail or by fax.

- *Mailing address:* Secretariat, International Congress of Morita Therapy, Faculty of Education, University of British Columbia, 2125 Main Mall, Vancouver, B.C., Canada V6T 1Z4
- *Fax:* (604) 822-3302 (international: 001-604-822-3302)

Cancellation of My Registration and Request for Refund

Name: _____

Affiliation: _____ Country: _____

FAX: _____ E-mail Address: _____

I have read and understood the above Congress' cancellation and refund policy. I hereby notify you of the cancellation of my Congress registration, and make a refund request. I originally paid \$ _____ (enter the paid amount), by the following method:

- () Credit card (*Visa* only)
- () International money order, or certified cheque
- () Personal cheque

Signature: _____ Today's Date: _____, 2007

Any Comments? _____