

# ASIAN SOCIETY FOR FERTILITY PRESERVATION THE 1st ASIA CONGRESS ON FERTILITY PRESERVATION



# **REGISTRATION GUIDELINE**

# \* HOW TO REGISTER

#### 1. Online registration:

Website: www.tudu.vn or www.tudu.com.vn

#### 2. Registration via email:

- Download registration form on website: www.tudu.vn or www.tudu.com.vn
- Fill out all the required fields and submit your registration to our email at: fertilitypreservationcongress@gmail.com
- 3. Direct registration: at Head Nurse Office 3<sup>rd</sup> floor, Building D Tu Du Hospital, HCMC, Vietnam (Ms. Nguyen Thi Diep Phuong)

### \* PAYMENT

#### 1. Bank account transfer:

- Name of receiving account holder: Tu Du Hospital
- Account number: 10202 00000 10532
- Name of bank: VIETNAM BANK FOR INDUSTRY AND TRADE Ho Chi Minh City Branch
- Detailed transfer information: Registration fee for The 1st Asia Congress on Fertility Preservation (Please send us your transaction receipt to fertilitypreservationcongress@gmail.com)
- 2. Cash payment: at Head Nurse Office 3<sup>rd</sup> floor, Building D Tu Du Hospital, HCMC, Vietnam (Ms. Nguyen Thi Diep Phuong)

## \* INVITATION LETTER

- -Invitation letter will be released after all the registration process is completed (when your registration form and payment are confirmed and completed), provisionally in the second week of October, 2016.
- Invitation letter will be sent via email, so please make sure that your email address is accurate during registration.
- After October 24th, 2016, if confirmed participants still have not received invitation letter, please contact us via email at fertilitypreservationcongress@gmail.com

### \* REGISTRATION CONTACT

Congress Reception Division: fertilitypreservationcongress@gmail.com Head Nurse Office - 3<sup>rd</sup> floor, Building D - Tu Du Hospital 284 Cong Quynh Street, Pham Ngu Lao Ward, District 1, HCMC, Vietnam





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# **REGISTRATION FORM**

(Download on website www.tudu.com.vn or www.tudu.vn)

Fill out all the required fields and submit your registration form to our email at fertilitypreservationcongress@gmail.com			
FULL NAME:			
TITLE:	DATE OF BIRTH:		
COMPANY:	POSITION:		
ADDRESS:			
PHONE NUMBER:	EMAIL:		
Registration confirmation (Please stick at the appropriate box below):			
1. WORKSHOP OOCYTE CRYOPRESERVATION	Total registration process and fee prior to October 14 <sup>th</sup> 2016  Total registration process and fee since October 14 <sup>th</sup> 2016	:75 USD/ participant	
	Onsite registration	: 100 USD/ participant	
2. WORKSHOP	Total registration process and fee prior to October 14th 2016	: 100 USD/ participant	
OVARIAN TISSUE	Total registration process and fee since October 14th 2016	: 125 USD/ participant	
CRYOPRESERVATION	Onsite registration	: 150 USD/ participant	
Registration fee allows access to: all sessions of the workshop, handouts and break			$\geq$
3. CONGRESS	Total registration process and fee prior to October 14 <sup>th</sup> 2016 Total registration process and fee since October 14 <sup>th</sup> 2016 Onsite registration	: 100 USD/ participant : 150 USD/ participant : 200 USD/ participant	
Registration fee allows access to: all sessions of the congress, handouts, lunch, break and admission to the exhibition			

