

WEL(World Edu-Link) Workshop

Oct. 7th(Seoul) & 9th(Busan), 2013

SCHOOL PARTICIPATION APPLICATION

School Information :

PLEASE CAREFULLY COMPLETE EACH BLANK SPACE BELOW, THEN PRINT, SIGN AND RETURN BY FAX 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 of people attending : _____

About your School :

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

- High School Business English Program Postgraduate Program
 Language Course Specialized/Certificate Course MBA
 Summer Programs Undergraduate Degree/Bachelor Masters/Doctorate

Please Give the names of two international institutes to which you currently send student or where you sent students in the last 18 months.

1. _____ 2. _____
Number of staff in agency : _____ Students(in the last 12 months) : _____
Year of Foundation : _____

About your School : (Max 60 words with information about the services you offer to be printer in the Workshop Handbook)

Hotel Accommodation :

I would like to stay at the Novotel Gangnam which will be take place the workshop for 3 days
At the workshop rate(We will inform you about rate structure)

Korean Visa - Support Letter :

Please tick if you require an official invitation letter in order to issue your visa

1st Attendee 2nd Attendee

BY T/T or WIRE : Bank details

Bank Name : Kookmin Bank (Jamsil Nam branch)
Account No. 478768-11-000487 Account Name : Dong Noh Kim
Swift BIC : CZNBKRSEXXX Bank Address : 1-8, Samjeondong, Songpagu, Seoul, Korea
Phone Number : +82 2 415-4641

Credit Card Information and Cancellation Fee :

I understand the WEL Workshop will book hotel accommodation on my behalf for the days I will be in Korea for the workshop. I agree that **if I cancel my participation less than 45 days before the event I will be charged at US 400 Dollars by WEL Workshop to functions cover the cost of Hotels and a cancellation fee.**

Credit card to guarantee your participations Master Visa American Express
Card Number : _____ Name of Cardholder : _____
Expiry Date : _____ Cardholder Signature : _____

Signature : _____ On behalf of the School, I confirm I wish to apply to participate in the WEL Workshop 2013
Date : _____

PLEASE SIGN AND RETURN BY E-MAIL TO seoulworkshop4u@gmail.com or FAX TO 82 2 3477 0251