Please send this form to the **WTF education department** (fax to +82 2 553 4728 or e-mail to (registration@wtf.org) by no later than April 23 ,2017

|  |  |
| --- | --- |
| Name | **First name Middle name Family name** |
| **Nationality** |  | **Gender** | **M( ) / F ( )** |
| **Date of Birth** | **(mm / dd / yy)** | **Country of Birth** |  |
| **Occupation**  |  |
| **Kukkiwon Dan Grade**  |  | **Date of Issue****(mm / dd / yy)** |  |
| **Kukkiwon Dan** **Certificate No.** |  |
| **National Referee Certificate No.****(for Kyorugi)** |  | **Date of Issue****(mm / dd / yy)** |  |
| **Tel** | **(Home) (Mobile)**  |
| **Fax** |  |
| **E-mail** |  |
| **Postal Address** |  |
| **Recommendation by**Member National Association President | **Name:** | **Signature:** |

Date:

 Signature:

**Flight schedule and hotel reservation**

**\* Please return this form to the Organizer via**

E-mail : gma\_nz@hotmail.com by no later than April 23 ,2017

|  |  |
| --- | --- |
| Name |  |
| Nationality |  | Gender | M( ) / F( ) |
| Tel / Fax |  | E-mail |  |

# Flight schedule

- Arrival

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Departure city | Flight No. |
| Arrival city |
|  |  |  |  |
|  |

- Departure

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Departure city | Flight No. |
| Arrival city |
|  |  |  |  |
|  |

# Request for hotel reservation

Please mark for your hotel.

(1) Spencer on Byron hotel

|  |  |  |
| --- | --- | --- |
| **Type** | **Room rate (NZD)/per room** | **Remark** |
| Single room | NZD 215 ( ) | Includes breakfast |
| Twin Share room | NZD 250 ( ) |

Check in date : Check out date :