

# Sponsor Declaration Form

## I. Sponsor Information (Fields marked with \* are required)

Date: \_\_\_ Year \_\_\_ Month \_\_\_ Day

|                                     |   |   |  |
|-------------------------------------|---|---|--|
| <b>Sponsor Name / Organization*</b> |   | <b>Affiliated Organization</b>          |  |
| <b>ID Number / Tax ID Number*</b>   |   | <b>Contact Number / Contact Person*</b> |  |
| <b>E-mail*</b>                      |   | <b>Fax*</b>                             |  |
| <b>Mailing Address*</b>             | □□□□□   |   |  |
| <b>Membership Status*</b>           | <input type="checkbox"/> Personal Member <input type="checkbox"/> Corporate Member <input type="checkbox"/> Other: _____  |   |  |
| <b>Designated Purpose</b>           | <input type="checkbox"/> Conference<br>→ <input type="checkbox"/> 2026 "3rd Global Oral Cancer Forum (GOCF)" Conference<br>→ <input type="checkbox"/> 2026 "The 3rd International Symposium on Transdisciplinary Care for Dysphagia (ISTCD)"<br><input type="checkbox"/> Other Earmarked Uses _____<br><input type="checkbox"/> Non-earmarked |   |  |

## II. The receipt can be used for income tax deduction purposes.

Please check the receipt title\* \*

Same as Sponsor     Other: Title: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

## III. Sponsorship Fee\*

|                        |                              |
|------------------------|------------------------------|
| <b>Sponsorship Fee</b> | <input type="checkbox"/> USD |
|------------------------|------------------------------|

## IV. Sponsorship Payment Method\*

|   |   |
|---|---|
| <input type="checkbox"/> <b>Cash</b>          | Over-the-counter payment location: Taiwan Academy for Dental Hygiene<br>(No. 100, Shih-Chuan 1st Rd., Sanmin Dist., Kaohsiung City)   |
| <input type="checkbox"/> <b>Wire Transfer</b> | Bank Name: Bank of Taiwan<br>SWIFT Code: BKTWTWTP<br>Account Name: Taiwan Academy for Dental Hygiene, Hsiao-Ling Huang<br>Account Number: 045-00100744-4<br>Beneficiary Address (Recipient Address): RoomIR514,5F, International Academic Research Building, No. 100, Shih-Chuan 1st Road, Kaohsiung, 80708, Taiwan<br><br>Beneficiary Phone (Recipient Phone): +886-7-3121101 ext. 2159 / Cellphone: +886-963-121-100<br><br>(Note: To ensure the full amount is received, please select "OUR" so that all bank handling charges are covered by the remitter.)<br>Please email a scanned copy of the remittance slip along with this declaration form to oralhealth.taiwan@gmail.com, and fax or mail it to our society. |

**If you make a donation, please mail this form to our society for our records. Thank you!** ★ Mailing Address: 807 Taiwan Society for

Oral Health Science, No. 100, Shih-Chuan 1st Rd., Sanmin Dist., Kaohsiung City ★ Contact Number: +886-7-3121101 ext. 2159