* After the payment, please fill out the following payment information and then e-mail this file to the Registration Office of EAMC4 through eamc4secretariat@gmail.com

|  |  |
| --- | --- |
| **User ID of EAMC4** |  |
| **Name** |  |
| **Remitter Identification** | **□ Virtual participant****□ Virtual participant (student)** |
| **Remittance date** |  |
| **Account Number** |  |
| **Account Name** |  |
| **Remittance Slip with a high-definition image.** |  |