



**Registration Form**  
Lotus Pang Suan Keaw Hotel,  
Chiangmai  
15-17 January 2020

(Officer use only)

No.....  
...../...../.....

**1.Registration details (Please Print)**

Mr.    Ms.   Name.....Surname.....

Institute

Department

Contact

Address.....

State/Province.....Country.....Postcode.....

Telephone No..... Fax.....E-mail.....

**2.Registration Fee (including Gala dinner)**

Participants: USD 200 (THB 5,500)

Invited Speaker

Students: USD 100 (THB 3,000)

Committee

**3.Payment Options**

Direct Transfer to TSRT Account

**Siam Commercial Bank, Siriraj Branch**

Account Name: "Mr. Bunchai Nittayasupaporn ans Miss Woraya Ngoenthuan"

Saving Account Number: 428-018825-8

SWIFT CODE: SICOTHBK

(Please scan payment slip and send it to E-mail: napapong.pon@mahidol.ac.th)

Cash (On Site Payment)

**4.Presentation**

Oral

Poster

No

Topic.....

**Payment Receipt Request  
(Please Print)**

Under participant's name

Under company's name

Name of Company:

Contact

Address.....

State/Province.....Country.....Postcode.....

...

Telephone No..... Fax.....E-

mail.....

**4. Dietary Request**

Halal

Vegetarian

Regular Foods