

Continuing Education 2012 registration form

1. Delegate details				
Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other: _____				
Surname:		Given Name:		
Institution:				
Address:				
Phone:		Fax:		
E-mail:				
Homeopathic Education Degree:				
Issued by (university or college/country):				
Special Requirements (if any):				
2. Registration details (please tick the items, price in US dollar or Thai Baht)				
Item	Description	Price	Date	Sum
Foreigner				
Registration	Including 2 night-stay in Asia Hotel Bangkok	<input type="checkbox"/> \$260 <input type="checkbox"/> \$300	2 nd and 3 rd March, 2012	
Hotel	Asia Hotel Bangkok	\$65(day/room)		
Thai				
HAT Member		<input type="checkbox"/> THB3,800 <input type="checkbox"/> THB4,500		
Non member		<input type="checkbox"/> THB4,500 <input type="checkbox"/> THB6,000		
Hotel	Asia Hotel Bangkok	Single THB 1,300 (day/room)		
		Double THB 1,500 (day/room)		
Total				
All Registration include 4-refreshments, 2-international buffet lunch and Seminar kit				
3. Payment details				
Account name: Homoeopathic Association of Thailand				
Account number: 340-218220-2				
Swift Code: SICOTHBK				
Bank : Siam Commercial Bank LTD. (Public), Ministry of Public Health Branch				
Bank Address: 88/24 Moo.4 Tiwanon Rd., Muang, Nonthaburi 11000 Thailand				
** Thai delegates use only account number for money transfer				
Please fax payment receipt and completed form to: +66-2-9659195				
Or email payment receipt and completed form to: small.rx.thai@gmail.com				