



13th BANGKOK INTERNATIONAL SYMPOSIUM ON HIV MEDICINE

20-22 January 2010

Queen Sirikit National Convention Center



REGISTRATION FORM

DELEGATES INFORMATION

Delegates Details

Name : _____

Job Title: _____

Email : _____

Mobile: _____

Organization Details

Organization Name: _____

Address: _____

Telephone: _____

Fax: _____

REGISTRATION INFORMATION

1. Registration are unacceptable if not attached with the payment bank slip.
2. Registration are confirmed when we send a written registration confirmation which will normally be sent by email.
3. Cancellation of the course we must receive written notification at least 7 working days before the date of course
4. Cancellation will be charged 20% from a full refund
5. Any bank charges and/or additional expenses incurred as a result of bounced cheques shall be borne by the delegates

For registration, please contact:

Jeerakan Janhom or Natthapa Pitayanon
HIV-NAT, The Thai Red Cross AIDS Research Centre
104 Ratchadumri Road, Pathumwan,
Bangkok 10330, Thailand
Phone: + 662 652 3040
Fax; + 662 254 7574
Email: Jeerakan.j@hivnat.org
Program and online registration are available at www.hivnat.org

REGISTRATION INFORMATION

Regular delegate

Standard Fee THB7,500/USD260

Late Fee THB10,000/USD350

Student/Post-doc/Youth delegate

Standard Fee THB3,500/USD130

Late Fee THB5,000/USD180

Note:

- 1) Standard Fee is before 31 December 2009
- 2) Late Fee is after 31 December 2009
- 3) The registration fee included a full set of conference documentation, and lunch

METHOD OF PAYMENT

Telegraphic Transfer

Please transfer to:

A/C name: Bangkok Symposium on HIV Medicine
A/C number: 045-2-61225-9
Bank name: The Siam Commercial Bank Public Company Limited, Sapha-kachat Thai Branch
Swift Code: SICOTHBK
Address: 1873 Henry Dunant Rd., Pathumwan, Bangkok 10330 Thailand

You will receive a payment notification after we get your confirmation of participation

Cheque OR Bank Draft

BILLING INFORMATION

(please notify if not same delegate information)

Name: _____

Address: _____

Tel/Fax: _____

For Secretariat Use

Registration Number: _____

Date received: _____

Amount: _____