



REGISTRATION FORM

25th Bangkok International Symposium on HIV Medicine

January 18-20, 2023

Samyang Mitrtown Hall, Bangkok, THAILAND

DELEGATE'S PERSONAL INFORMATION

Title: Mr. Mrs. Miss Dr. Other please specify:

First Name:

Last Name (Family Name):

MD / Pharmacist / Medical Technologist License Number (Only Thai for CME, CPE, CMTE):

Office / Company Name:

Occupation: Medical Doctor Nurse Pharmacist Medical Technologist / Scientist Community
 Student (undergraduate) / Youth delegate Other please specify:

State / Province / Region:

Country:

Contact Phone:

Fax:

Contact E-mail:

REGISTRATION

1. Rate for early bird is before December 16, 2022
2. Standard rate begins December 16, 2022
3. Registration fee please transfer within January 5, 2023
4. The Symposium registration fee entitles you to full access to the international symposium, including the exhibition hall, the opening & closing general sessions, other keynote sessions, all concurrent sessions and lunch boxes for Wednesday to Friday and training materials
5. If you make bank transfer for registration, please provide the bank payment slip together with the completed registration form via fax at +(66)2 254 7574 or email to natthapa.p@hivnat.org
6. **Please transfer with full amount of registration fee. Any bank charge and/or additional expenses shall be borne by the delegate.**
7. Registration form will not be processed unless a bank payment slip or a cheque is attached
8. All cancellations must be made in writing. Cancellations received at least 7 working days before the course start date will incur a cancellation charge of 20% of the course fee
9. No refund will be offered if the cancellation is made less than 7 working days prior to the course start date
10. Any bank charge and/or additional expenses incurred as a result of bounced cheques shall be borne by the delegate

REGULAR DELEGATE				STUDENT / YOUTH DELEGATE (UNDERGRADUATE) ONLY <i>* Reference letter from university is required *</i>				ON-SITE REGISTRATION RATE <i>** Use on event date **</i>
EARLY BIRD RATE		STANDARD RATE		EARLY BIRD RATE		STANDARD RATE		Onsite
Online	Onsite	Online	Onsite	Online	Onsite	Online	Onsite	
<input type="checkbox"/> USD 100	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 200	<input type="checkbox"/> USD 50	<input type="checkbox"/> USD 100	<input type="checkbox"/> USD 75	<input type="checkbox"/> USD 125	<input type="checkbox"/> USD 250
<input type="checkbox"/> THB 3,500	<input type="checkbox"/> THB 5,500	<input type="checkbox"/> THB 5,500	<input type="checkbox"/> THB 7,000	<input type="checkbox"/> THB 1,800	<input type="checkbox"/> THB 3,500	<input type="checkbox"/> THB 2,700	<input type="checkbox"/> THB 4,500	<input type="checkbox"/> THB 8,800

METHOD OF PAYMENT

Telegraphic Transfer Cheque ***** only Thai's bank *****

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

Only on-site registration

- Cash
 Credit or Debit Card

Note: Cooperate, AMEX and DINERS card CANNOT USE.

**** PLEASE TRANSFER WITH FULL AMOUNT OF REGISTRATION FEE ****

DETAIL FOR YOUR RECEIPT

Name:

Tax ID (Only Thai who was supported by company) :

Address:

State / Province / Region:

Zip code / Postcode:

Country:

Phone:

Fax:



Send this document and payment slip to fax: +66 (0) 2254 7574 or E-mail: natthapa.p@hivnat.org

Any inquiry contact:
 Natthapa Pitayanon
 Phone: +66 (0) 2652 3040
 Fax: +66 (0) 2254 7574
 Email: natthapa.p@hivnat.org

FOR SECRETARIAT USE

Payment Amount:

Registration Number:

Received Date: