

BANGKOK INTERNATIONAL NEONATOLOGY CONFERENCE 2018

March 7-9, 2018, Shangri-la Hotel Bangkok, Thailand

Conference Registration Form (Use this form for registration by mail and fax.)

Part 1: Your details (please write clearly in BLOCK capitals)

Title Prof Dr Mr Mrs Miss

Given name/First Name..... Surname/Last name.....

Speciality Physician Resident Fellow Nurse Technician Others

Institution/organization.....

Mailing address: Company/Affiliation.....

Street Address.....

City..... State..... Zip/Postal Code.....Country.....

Telephone..... Fax.....

E-Mail.....

Part 2: Registration Fees (please indicate which of the sessions you will be attending)

Conference	Up to Jan 31, 2018	After and on-site
Physician / Resident / Fellow / Nurse /	<input type="checkbox"/> 425 USD	<input type="checkbox"/> 475 USD
Technician		

Part 3: Payment details

TOTAL FEEUSD Payment by bank transfer to the following bank account;

Account Name: Conference Registration
Account Number: 026-438744-8
Bank Name: Siam Commercial Bank
Branch: Ramathibodi Branch
Account Type: Saving
Swift Code: SICOTHBK
Address: 270 Rama VI Road, Thung Phayathai
Sub District, Ratchathewi District,
Bangkok 10400

*Please send the registration form and Pay-in Slip to IMCPC by e-mail address

regiscon@hotmail.com

** An email message confirming receipt of payment will be sent to your e-mail address provided above.