



May 3-4, 2019, Centara Grand at CentralWorld, Bangkok, Thailand

Registration Form

A) Personal data

First name Last name

Title: Prof. Assoc. Prof. Assist. Prof. Dr. Mr. Mrs. Ms.

Position

Organization

Contact address

E-mail address..... Fax..... Phone.....

B) Registration fee for oversea delegate

Registration	Fee	Amount to be paid
<input type="checkbox"/> Physician <input type="checkbox"/> Scientist	USD 300	
<input type="checkbox"/> Resident/Fellow in Training <input type="checkbox"/> Medical Technologist <input type="checkbox"/> Nurse	USD 200	

C) Abstract submission for poster presentation: No Yes

Abstract title:

.....

D) Payment: Cash Bank transfer Checque

Bank transfer

Account name: The Thai Society of Hematology
Account number: 026-450294-1
Bank: The Siam Commercial Bank PCL
Branch: Ramathibodi
Swift code: SICOTHBK

Remark: Please be informed that the transfer fee must be covered by sender.

Cancellation and Refund Policy

- Participants unable to attend will receive a refund equivalent to 75% of their registration fee provided that the Thai Society of Hematology is advised of the cancellation in writing before April 10, 2519.
- Refunds requested after this date will not be possible.
- All approved refunds will be made within one month after the Symposium.

Please kindly submit this form and a copy of bank transfer slip to the Thai Society of Hematology via fax number 662 716-5978 or e-mail: joi@tsh.or.th.

Signature Date

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For officer	Payment	Bank	Cheque No.	Date	Receipt No.
	<input type="checkbox"/> Cash <input type="checkbox"/> Checque <input type="checkbox"/> Bank transfer				