

**Delegate Registration**

**ASZWM 2012, "One World One Health in Asia**

10-12 October 2012, Bangkok, Thailand

Registration Number:

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| **DELEGATE INFORMATION** |

Title (Please tick✓)  Dr.  Mr.  Mrs.  Ms.  Other (please specify) ………………………………………..………

First Name: ………………………………….. Middle Name: ……………………..….. Last Name: ………….....……….….……

Department or Institute: …………………………………………………Position: …………………………..…………………………

Postal Address: ………………………………………………………………………………………………………………………….…………

City: …………………………………………………..…………………. Country: …………………………………………….……….…....…

Postal Code: ……………………………………….…… E-mail: ………………………………………………………………………………

Phone: …………………………………………………..… Fax: ……………………..……………………….…………………………………

Special Dietary:  Vegetarian  Halal Food  Others (please specify) …………………………………………………

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| **SUBSCRIPTION TYPE** | | |
| **Categories** | **Early-Bird**  **(until July 31, 2012)** | **Onsite Registration**  **(August 1 – October 12, 2012)** |
| Oversea Delegate | 4,500 THB. | 5,500 THB. |
| Thai Delegate | 3,000 THB. | 3,500 THB. |
| DVM Students | 1,500 THB. | 1,800 THB. |
| Accompanying Person | 1,500 THB. | 1,800 THB. |

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| **Accommodation Package** | | |
| **Categories** | **Early-Bird**  **(until July 30, 2012)** | **Onsite Registration**  **(August 1 – October 12, 2012)** |
| Option I: Full Congress + 3 nights accommodation at The Color Living Hotel | 7,500 THB. | 8,500 THB. |
| Option II: Full Congress + 3 nights accommodation at The Maple Hotel | 8,100 THB. | 9,100 THB. |

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| **SOCIAL PROGRAM** | | |
| **Categories** | **Date** | **Additional Cost  (THB.)** |
| Opening Ceremony | Oct. 10 | Free of charge |
| Welcome Dinner | Oct. 10 | Free of charge |
| Thai Night | Oct. 11 | 800 THB./Person |
| Closing Ceremony | Oct. 12 | Free of charge |

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| **TOTAL PAYMENT** | | |
| Grand Total | ……………………………………………….. | THB |
| **ACCOMPANYING DETAIL** | | |

Title (Please tick✓)  Dr.  Mr.  Mrs.  Ms.  Other (please specify) ……………………………………….……..…

First Name: …………………………….. Middle Name: ………………..…….…….. Surname: …………..……….…..……..…..

Department or Institute: …………………………………………………………………Position: ………………………..……...…….

Postal Address: ……………………………………………………………………………………………………………………….….………….

City: ………………………………………………………………………. Country: …………………………………………………….…....…

Postal Code: ………………………………………………………….. E-mail: ……………………………………………………..…..…….

Phone: …………………………………………………………………… Fax: …………………………………………………………...……….

Special Dietary:  Vegetarian  Halal Food  Others (please specify) ……….……………………..…...………..….

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| **PAYMENT** |

 **Credit Card:** I authorize the Organizing Committee of ASZWM 2012 to change the total amount indicated above to the following credit card

 VISA  Master Card

Card Number - - - -

Card Holder Name: ……………………………………………………….. Expiry Date: ………………………………………………….

Security Code (three of four digit numbers appearing on the signature panel of the card): …………………..

Passport Number: …………………………………………………………. Expiry Date: ………………………………………………...

**Cancellation and Refund Policy**  
Notification for cancellation must be in writing to the secretariat. Please send your registration information to [registration@aszwm2012.com](mailto:registration@aszwm2012.com). All refunds will be made after the congress for administrative reasons.

Handling fees and bank charges will be deducted from the refund amount.

Before and including June 30, 2012                  Full Refund

From July 1 - 31, 2012                                         50% Refund

After August 1, 2012                                           No Refunds will be made

Applicant’s signature: ……………………………………..………………..………….. Date: ……………………………….……….…

After making the transfer, please send a copy of bank receipt of your remittance to [registration@aszwm2012.com](mailto:registration@aszwm2012.com%20)  or fax +66 (0) 2749 3950 Ext. 3123