

Delegate Registration

ASZWM 2012, "One World One Health in Asia"
10-12 October 2012, Bangkok, Thailand



Registration Number:

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)

SUBSCRIPTION TYPE

Categories	Early-Bird (until July 31, 2012)	Onsite Registration (August 1 – October 12, 2012)
Oversea Delegate	<input type="checkbox"/> 4,500 THB.	<input type="checkbox"/> 5,500 THB.
Thai Delegate	<input type="checkbox"/> 3,000 THB.	<input type="checkbox"/> 3,500 THB.
DVM Students	<input type="checkbox"/> 1,500 THB.	<input type="checkbox"/> 1,800 THB.
Accompanying Person	<input type="checkbox"/> 1,500 THB.	<input type="checkbox"/> 1,800 THB.

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	<input type="checkbox"/> 7,500 THB.	<input type="checkbox"/> 8,500 THB.
Option II: Full Congress + 3 nights accommodation at The Maple Hotel	<input type="checkbox"/> 8,100 THB.	<input type="checkbox"/> 9,100 THB.

SOCIAL PROGRAM

Categories	Date	Additional Cost (THB.)
Opening Ceremony	<input type="checkbox"/> Oct. 10	Free of charge
Welcome Dinner	<input type="checkbox"/> Oct. 10	Free of charge
Thai Night	<input type="checkbox"/> Oct. 11	800 THB./Person
Closing Ceremony	<input type="checkbox"/> Oct. 12	Free of charge

TOTAL PAYMENT

Grand Total	THB
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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)

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. 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 or fax +66 (0) 2749 3950 Ext. 3123