

# INTERNATIONAL POLYSOMNOGRAPHY COURSE

19<sup>th</sup> - 22<sup>th</sup> July 2015, 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.....

Company/Affiliation:.....

Address:.....

City..... State..... Zip Code..... Country.....

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

E-Mail.....

Special diet requests:  No beef  No seafood  Vegetarian  Halal

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

	Up to June 30, 2015	After and On-site
- Regular participant	<input type="checkbox"/> 450 USD	<input type="checkbox"/> 500 USD

## Part 3: Payment details

TOTAL FEE .....USD

Payment by bank transfer

Money transfer to the following bank account;

Account Name: Sleep Society of Thailand

Account Number: 209-3040000

Bank Name: Bangkok Bank Public Company Limited

Branch: Chatuchak

Account Type: Current Account

Swift Code: BKKBTHBK

\*Please e-mail a copy of the payment for the registration fee and registration form to

International Medical Conference Promoting Center

E-mail: [regiscon@hotmail.com](mailto:regiscon@hotmail.com)

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