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| **Registration Form**  (Officer use only)  No..............................  ............/.............../............  ตรา  *The 25th TSRT Annual Conference*  Lotus Pangsuankaew, Chiang Mai  9-11 April 2017 | | |
| 1 Registration details (Please Print) | | |
| 🞎Mr. 🞎Mrs. 🞎Ms. 🞎 ......... | Name.....................................................Surname........................ | |
| Institute | | Department |
| Contact Address | | |
| State/Province................................................Postcode..............................................  Telephone No.................................................................. | | |
| Fax........................................................................E-mail …………………………………….. | | |
| 2. Registration Fee including Gala dinner | | |
| 🞎 Participants USD 150 (THB 5,500) | | |
| 3. Payment options | | |
| 🞎 Direct Transfer to TSRT Accont  **Siam Commercial Bank, Siriraj Branch**  Account Name: “Thai Society of Radiological Technologist”  Saving Account Number: 016-2-652808  SWIFT CODE: SICOTHBK  (Please scan payment slip and send it to E-mail: mtnpp@mahidol.ac.th)  🞎 On Site Registration | | |
| **Payment Receipt Request**  **(Please Print)** | | |
| 🞎 Under participant’s name 🞎 (Under company’s name)  Name of Company: | | |
| Contact Address......................................................................................................................................... | | |
| State/Province..........................................Postcode..............................................  Telephone No.................................................................. | | |
| Fax......................................................................E-mail…………………………………….. | | |
| 4. Dietary Request | | |
| 🞎 Halal 🞎 Vegetarian 🞎 Regular Foods | | |