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| **Registration Form**(Officer use only)No........................................../.............../............ตรา*The 24th TSRT Annual Conference*A-One Hotel, Pattaya27-29 April 2016 |
| 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 |