

Registration Form

IFHNOS World Tour 2008, Imperial Queen's Park Hotel, Bangkok, Thailand,
October 23-25, 2008

Please write or type in block letters and return completed form with payment to :

Pakpoom Supiyaphun, MD
Department of Otolaryngology
Faculty of Medicine, Chulalongkorn University,
Bangkok 10330, Thailand
E-mail : cu_ent@yahoo.com, cu_ent@hotmail.com

(CAPITAL LETTER)

Surname

First Name

Title (circle) Prof. Dr. Mr. Ms.

Institution:

Address:

Country:

Tel : _____ Fax: _____ Tlx: _____

E-mail address: _____

Registration Fees

Participants: US\$ 260 (Before July 1, 2008)

US\$ 360 (After July 1, 2008)

Students, Residents and Fellow: US\$ 160 (Before July 1, 2008)

US\$ 260 (After July 1, 2008)

Participants from guest countries including Kingdom of Cambodia, Laos, Myanmar are free of charge

Payment

Bank Draft or certified cheque

No _____ Date _____

Bank: _____

Payable to:

The Royal College of Otolaryngologists-Head and Neck Surgeons of Thailand

Credit card

Visa Master

Name of cardholder: _____

Card No.: _____

Security No.: _____ (The last 3-digit number appearing on the signature panel)

Expiry date: _____

Cardholder's signature _____

Note: Should send this form with cardholder's signature to congress secretariate

