



Registration form

DELEGATE INFORMATION				
Title (Please tick ✓) ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (please specify)				
First Name:	Last Name:			
Department or Institute:	Position:			
Postal Address:				
City:	Country:			
Postal Code:	E-mail:			
Phone:	Fax:			
Special Dietary: 🗆 Vegetarian 🗖 Halal Fo	ood \square Others (please specify)			
Social Function: please select if you will	attend			
☐ Opening ceremony				
□ Welcome reception				
 Email Friend Website Event Other 				
	Early bird rate	Onsite rate		
Categories	(by 20 December 2015)	(20-23 January 2016)		
Post Graduate course (20 Jan 2016)	Free	Free		
International Delegate (21-23 Jan 2016)	320 USD	520 USD		
Thai Delegates (21-23 Jan 2016)	280 USD	380 USD		
Healthcare Personnel (21-23 Jan 2016)	5,000 THB	8,000 THB		
	TOTAL PAYMENT			
Grand Total	USD		USD	
Receipt information Same as above Yes No. Please specify				



The 4th ASEAN Perspective in Liver Diseases 2016 (APLD 2016) 20-23 January 2016, Khum Kham Convention Complex, Chiang Mai, Thailand



PAYMENT METHOD			
\Box Credit Card: I authorize the Organizing Committee of APLD 2016 to charge the total amount indicated above to the following credit card			
□VISA	☐ Master Card		
Card Number			
Card Holder Name: Expiry Date:			
Security Code (3 or 4 digit numbers appearing on the signature panel of the card):			
Please be noted that there will be a credit card surcharge of 3% from the total amount.			
☐ Wire Transfer:			
Account Name	VNU Exhibitions Asia Pacific Co.,Ltd.		
Bank Detail	KASIKORN BANK PCL.		
Branch	SILOM		
Saving Account Number	789-2-22717-3		
Swift Code	KASITHBK		
Bank Address	142 Silom Rd. Suriyawong Bang Rak Bangkok 10500		
Please be noted that Bank charges are the responsibility of the participant. Term & Conditions The registration will be accepted only upon full payment is received. Cancellation and Refund Policy: Notification for cancellation must be in writing to the organizer. Please send your registration information to apid2016@vnuexhibitionsap.com All refunds will be made after the conference within 60 days. Handling fees and bank charges will be deducted from the refund amount. Before 31 June 2015 50% Refund After 1 July 2015 No Refunds will be made Transfer to another name will be accepted only by written request to apid2016@vnuexhibitionsap.com before 20 December 2015 Making the transfer, please send a copy of bank receipt of your remittance to apid2016@vnuexhibitionsap.com or fax +66 2 670 0908 For more information, please visit www.apid2016.com or contact +66 2 670 0900 # 124			
Applicant's signature:	Date:		