

Registration Form

1. Personal Information

Mr. Ms. Dr. Prof.

Last Name : _____

Affiliation/Organization : _____

Address (No, City/Town, State/Province, Zip Code, Country):

Phone : _____ Fax : _____ E-mail : _____

Classification : Author, Paper No : _____ Participant Student, ID.No : _____

(A copy of student card and certification letter of student status from graduate advisor is required for students)

2. Registration Fee

	Early Registration (Before November 15, 2006)	Late Registration (After November 15, 2006)	Total (US\$)
Full Registrant	<input type="checkbox"/> US\$ 300	<input type="checkbox"/> US\$ 350	
Student	<input type="checkbox"/> US\$ 150	<input type="checkbox"/> US\$ 180	
Sub-Total			

(The full registration fee includes the CD-ROM Proceedings, Abstract book, welcoming reception, souvenirs, coffee breaks, lunches and the banquet. The student fee includes the CD-ROM Proceedings, welcoming reception, souvenirs, coffee breaks and lunches.)

3. Method of Payment

Cashier cheque : made payable to **ASIMMOD 2007**

Cheque No : _____ Bank : _____

Bank Transfer :

Thai Baht : Transfer to Bank : **Siam Commercial Bank** Branch : **Bangbua**

Account Name : **ASIMMOD 2007** Account No. **053-2-85601-6**

Type of A/C : **Savings** Swift Code : **SICOTHBK**

USD : Transfer to Bank : **Siam Commercial Bank** Branch : **Bangbua**

Account Name : **ASIMMOD 2007** Account No. **053-2-85601-6**

Type of A/C : **Savings** Swift Code : **SICOTHBK**

Credit Card : American Express Visa Master Card

Card No : _____ Expiration Date : _____

Cardholder's Name : _____ Signature : _____

Please send registration form along with payment evidence at rpf_research@hotmail.com

Or to Fax number : **66-5327-6776**

Research Department, Royal Project Foundation

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Tel : 66-53811500-2 ext.13-17