

I agree to attend the 10th WSMI AP Regional Conference & 2nd APSMI GAM entitled 'Maximize Self-Care Potential Through Asia Regulatory Harmonization' during 21–22 October 2014.

 $(Please\ complete\ a\ separate\ registration\ for\ each\ conference\ participant.\ For\ queries\ please\ contact\ conference@tsmia.or.th)$

1. FULL NAMI	E			
Prefix				
First Name			Last Name	
Job Position				
2. ADDRESS (Will appear on offic	cial receipt)		
Company / Orga	anization			
Street Address				
E-mail			Phone	Fax Number
3. CONFEREN (Please choose of	CE FEE PER DELEGA	ATE		
Registration Pa	yment			
Early Bird		US\$ 800	Now until 30 August 2014	
Standard Registration		US\$ 1,000	1 September 2014 until 15 October 2014	
Late/On-Site Registration		US\$ 1,200	After 15 October 2014 (Some conference materials may not be available upon registration.)	
Bank transfer Bank Name: Address: SWIFT Code: Account Name Account No.:	Siam Commercial Bar			angrak, Bangkok, 10500, Thailand

Important Notes

- Please e-mail the bank transfer slip along with this conference registration form duly completed to conference@tsmia.or.th and we will confirm your seat by sending an email to you.
- We do not receive credit card payment.
- For on-site payment, please pay in US dollars at the exact amount.
- Should you be unable to attend, a substitute delegate is welcome at no extra charge.

