| Ref. | NO: | 00 | 50 |
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| nei. | NO. | | 50 |

Register Date: 30/03/2017, 14:19

Paid \$ 60 USD (2,000 Thai Baht)

| Title : | | Ms. | | |
|--|----|---|----------|--|
| First Name : Teerapapa Family Name : Luecl | ha | | | |
| Affiliation: | | Faculty of Physical Therapy, Mahidol University | | |
| Mailing Address: | | 57/9 Ladprao 18, Chatuchak, Bangkok, Thailnad 10900 | | |
| Country : | | Thailand | | |
| Mobile : | | 0882518751 | | |
| E-mail : | | teerapapa.lue@gmail.com | | |
| Telephone: | | | | |
| Fax: | | | | |
| Registration : | | Local Student (Thai) | | |
| Participation : | | As a presenter (Please complete all items required in th | is form) | |
| Presentation: | | Oral Presentation | | |
| Publish Status : | | I am willing to publish it in the conference publication, submit abstract & full paper. | | |
| Track for presentation: | 0 | Global health & One health | | |
| For MPH Alumni: You are cordially to join the MPH Pre-conference and Home Coming Dinner on 24 May 2017: | | Don't join | | |
| For all Participants: You are cordially invited to join the pre-conference: | | Don't join | | |
| For all Participants: You are cordially invited to join the extra activities: | | | | |

Methods of Payment

Account Name : The 1st APACPH BANGKOK REGION CONFERENCE Branch : Tropical Medicine Hospital

Bank Address : Siam Commercial Bank Public Company Limited, Rajvithi Road, Rajthewee, Bangkok 10400, Thailand Account No. : 254-217131-9 Swift Code : SICOTHBK

*Please send a copy of transfer slip together with registration form to: ketwaree.pun@mahidol.ac.th For Further Information: For English and Thai please contact: Phone (662) 354 8529 Fax: (662) 354 8227