Ref. NO: 0077

Register Date: 01/04/2017, 23:17

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

Payment: Yes

Title: Ms. First Name : Lapakorn Family Name : Chatapat Affiliation: Faculty of Tropical Medicine, Mahidol University Mailing Address: 22/78 centric scene ari 2, Samsan-nai , Prayathai Bangkok 10400 Country: Thailand Mobile: 0909706629 E-mail: lapakorn.cha@mahidol.ac.th Telephone: Fax: Local Student (Thai) Registration: As a presenter (Please complete all items required in this form) Participation: Poster Presentation Presentation: Publish Status: I am willing to publish it in the conference publication, submit abstract & full paper. Health promotion and Community health Track for presentation: For MPH Alumni: You are cordially to join the MPH Don't join Pre-conference and Home Coming Dinner on 24 May 2017: For all Participants: You are cordially invited to join the Don't join pre-conference: 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