Ref. NO: **0113**

Register Date: 12/04/2017, 17:25

Paid \$ 45 USD (1,500 Thai Baht)

Payment:

No

Title :	Dr.
First Name : SAIYUD Family Name : MOOLPHATE	
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Fax:	
Registration :	Mahidol Alumni
Participation :	As a presenter (Please complete all items required in this form)
Presentation:	Oral Presentation
Publish Status :	Do not select
Track for presentation:	Health promotion and Community 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