

REGISTRATION FORM



THE 8th PRINCESS CHULABHORN
INTERNATIONAL SCIENCE CONGRESS (PC VIII)
Bangkok, THAILAND
November 13-17, 2016

Please return this form to:

The Registration Office
The 8th Princess Chulabhorn International Science Congress (PC VIII)
Chulabhorn Research Institute, Office of Information Technology
54 Kamphaeng Phet 6 Rd., Lak Si, Bangkok 10210, Thailand
Tel: +66 2 553 8597 Fax: +66 2 553 8680 E-mail: pc_register@cri.or.th
OR you can register online via Website – <https://pc8.cri.or.th>

Please use CAPITAL LETTERS

INTERNATIONAL PARTICIPANT

A. PARTICIPANT

First name _____ Middle Name _____
Last name _____
First name - Last name (in Thai) _____
Title/ Professional Title _____
University/Institution/Company/Ministry _____
Faculty/Department/Office _____ Division/Laboratory _____
Mailing Address _____
Postal code _____ Country _____
Telephone _____ Telefax _____ E-mail address _____

B. ACCOMPANYING PERSON(S) (not attending lectures)

1. First Name _____ Last Name _____
2. First Name _____ Last Name _____

C. REGISTRATION FEES

Payment received by Oct. 15, 2016

Payment received after Oct. 15, 2016
and On-site

MAIN CONGRESS	US\$	US\$
<input type="checkbox"/> Active Participant	500	600
<input type="checkbox"/> Accompanying Person	150	150
<input type="checkbox"/> Student	200	250

D. ABSTRACT INFORMATION: (Abstract Submission Deadline: September 15, 2016)

I intend to present as a Platform Presentation Poster Presentation on Topic No. _____ (See "List of Topics")

Abstract Title: _____

Abstract File Name: _____

Submit by E-mail On-line Abstract Submission

Please note that the accepted abstract cannot be processed until the full payment of registration fee has been received by the registration office.

E. PAYMENT:

Active Participant/Student US\$ _____
Accompanying Person(s) US\$ _____
Total US\$ _____

Please pay the total amount to **PRINCESS CONGRESS VII (REGISTRATION)** by:

Credit Card VISA MASTERCARD

Credit Card No.: _____ 3-digit Card Security Code: _____

Cardholder's Name: _____ Expiration Date: _____

Date: _____ Signature: _____

Office use only

Regist. No. Date Rcvd.