

**The 7th TSH International Symposium (TSH-IS 2019)**

**“Advancement of Lymphoid Disorders”**

**May 3-4, 2019, Centara Grand at CentralWorld, Bangkok, Thailand**



Registration Form

1. **Personal data**

First name Last name

Title: 🖵 Prof. 🖵 Assoc. Prof. 🖵 Assist. Prof. 🖵 Dr. 🖵 Mr. 🖵 Mrs. 🖵 Ms.

Position

Organization

Contact address

E-mail address Fax Phone

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| --- | --- | --- |
| Registration | Fee | Amount to be paid |
| 🖵 Physician 🖵 PhD Scientist | USD 300 |  |
| 🖵 Resident/Fellow in Training 🖵 Medical Technologist 🖵 Nurse | USD 200 |  |

1. **Registration fee for oversea delegate**
2. **Abstract submission for poster presentation:** 🖵No 🖵 Yes

Abstract title:

1. **Payment:**  🖵 Cash 🖵 Bank transfer 🖵 Check

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| **Bank transfer**  Account name: The Thai Society of Hematology  Account number: 026-450294-1  Bank: The Siam Commercial Bank PCL  Branch: Ramathibodi  Swift code: SICOTHBK  *Remark: Please be informed that the transfer fee*  *must be covered by sender.* | **Cancellation and Refund Policy**   * Participants unable to attend will receive a refund equivalent to 75% of their registration fee provided that the Thai Society of Hematology is advised of the cancellation in writing before April 10, 2519. * Refunds requested after this date will not be possible. * All approved refunds will be made within one month after   the Symposium. |

Please kindly submit this form and a copy of bank transfer slip to the Thai Society of Hematology via fax number

662 716-5978 or e-mail: joi@tsh.or.th.

Signature Date

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| For officer | Payment | Bank | Check No. | Date | Receipt No. |
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