

Deadline for early registration
is October 15, 2004

Registration Form:

The Conference organizers recommend that you submit your registration form by electronic submission through email or the Internet. The registration form and instruction for submission are available on <http://neuroscience.mahidol.ac.th/4tsbm> If you email or mail your registration form, please make sure that you provide all requested information on both pages. (Please write clearly in Block Capital letters)

Last Name: _____ Middle: _____ First Name: _____

Title: (Professor, Dr. Mr., Ms., etc.) _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Country: _____ Postal Area Code: _____

Telephone (Country Code, Area Code, number): _____

Fax (Country Code, Area Code, number): _____

Email: _____

Accompanying Person (S) 's Name: _____

A. REGISTRATION

Please note that the registration is not completed until the payment has been received.

DELEGATE, member of TSBM and ISBM National and Associated Members

Before October 15, 2004 US\$ 200 / person

After October 15, 2004 US\$ 250 / person

DELEGATE, Non-member & Others

Before October 15, 2004 US\$ 300 / person

After October 15, 2004 US\$ 350 / person

STUDENT*

Before October 15, 2004 US\$ 125 / person

After October 15, 2004 US\$ 150 / person

DELEGATE 's ACCOMPANYING PERSON (S)

Before October 15, 2004 US\$ 100 / person

After October 15, 2004 US\$ 150 / person

* To qualify for student you must send us a copy of a valid student ID Card or an official letter from your institution confirming your student status.

The above registration fee includes: admission to the conference and poster exhibition; conference materials, program & Abstract book, bag; all refreshment, coffee and tea breaks; lunches; Welcome Reception, and Farewell Dinner.

PRE CONFERENCE TEACHING-TRAINING WORKSHOP (December 4, 2004)

Before October 15, 2004 US\$ 50 person

After October 15, 2004 US\$ 80 person

Total A. US\$-----

B. SOCIAL PROGRAMS

- Dinner Cruise along the River with music and dance US\$ 60 /person
- Half day Guided Bangkok City Tour US\$ 30 /person
- Full day excursion to Ancient Capital Ayuthaya US\$ 70 /person
Bang Pa-In Summer Palace, including lunch
- Full day excursion to Floating Market & Rose Garden US\$ 70 /person
including lunch and cultural show

Total B. US\$-----

C. ACCOMMODATION

Check in Date _____ Check out Date _____ Total Night _____

At the Siam City Hotel, 477 Sri Ayuthaya Road, Phayathai, Bangkok 10400

- Superior room, single occupancy with breakfast US\$ 80 /night
- Superior room, double occupancy with breakfast US\$ 85 /night
- Deluxe room, single occupancy with breakfast US\$ 95 /night
- Deluxe room, double occupancy with breakfast US\$ 100 /night
- Deluxe-Business, single occupancy with breakfast US\$ 100 /night
- Deluxe-Business, double occupancy with breakfast US\$ 110 /night
- Executive Suite, single occupancy with breakfast US\$ 155 /night
- Executive Suite, double occupancy with breakfast US\$ 165 /night

Other nearby three star hotel

- Standard room, single occupancy with breakfast US\$ 50 /night
- Standard room, double occupancy with breakfast US\$ 55 /night

Total C. US\$-----

GRAND TOTAL (A+B+C) US\$ -----

D. PAYMENT

Please pay at the time of registration. Please remember to include the name of the delegate on the money transfer and send us a copy of the transfer document.

- Bank Transfer by SWIFT Transfer to: (Most recommended)
Account Name: THAI FORUM OF BEHAVIOURAL MEDICINE
Account Number: 333-2-12423-5
BANK: The Siam Commercial Bank Public Company Limited
Branch: Mahidol University Branch (Salaya)

- Bank Draft payable to:
Account Name: THAI FORUM OF BEHAVIOURAL MEDICINE
Account Number: 333-2-12423-5
BANK: The Siam Commercial Bank Public Company Limited
Branch: Mahidol University Branch (Salaya)

- Credit Card:

Please charge my: VISA Master Card Card Verifying Code

Card Holder Name (As appeared on the Card) _____

Card Number :

Valid through (Expired Date)____/____ the total sum of US\$ _____

Date _____ Card Holder's Signature: _____

Return both pages of Registration Form

By email to: scnkc@mahidol.ac.th and also please send FAX to:

+(662)-4419743

For office use only: Registration Code _____ Number _____ Paid _____ Date _____
Financial Clearance _____ Over Payment _____ Under Payment _____ Clearance _____