

Registration Form

19th (IADR/SEA) & 15th (SEAADE) * September 3 -6 , 2004 * Samui Island, Thailand

<p>Instructions</p> <ol style="list-style-type: none"> To register as a member, you should be activated your membership on or before the meeting dates. Do not FAX your registration and then mail it since this will result in a duplicate registration. Request for refunds must be receive in writing by July 15th (full refund minus 20% processing fee) and refunds will be processed after the meeting. After that date, no refund will be given. A letter confirming your registration will be sent to you within 5 days after your registration is received. 	<p><i>Mail or FAX form to</i> Sittichai Koontongkaew <i>Secretariat LOC</i> Faculty of Dentistry, Thammasat University Klong Luang, Patumthani 12121, Thailand. Tel+ 66-2-986-9213 Ext 1027 Fax +66-2-516-5385</p>
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Membership Information

ID# _____ Division _____
 Registrant Information NOTE: your name, institution, city, and country will appear on your badge
 Last/ Family Name _____
 First Name and Middle Initial _____
 Company/ Institution _____
 Department _____
 Street Address _____
 City/ Stage/ Country _____ Postal Code _____
 Tel Number (include all country/ city codes) _____ FAX Number _____
 E-mail Address _____
 Your confirmation will be sent to your e-mail address.

Accompanying Person(s)

Family Name _____ First Name _____
 Family Name _____ First Name _____

Letter of Invitation Yes, I require an official letter of invitation to initiate the visa process.

Arrival Date _____, Flight _____ : Departure Date _____, Flight _____

<p>Registration Fees</p> <p>Before July 15, 2004(US\$)</p> <table border="0"> <tr> <td></td> <td>Member</td> <td>Non-member</td> <td>Student</td> </tr> <tr> <td>Single</td> <td><input type="checkbox"/> 420</td> <td><input type="checkbox"/> 480</td> <td><input type="checkbox"/> 370</td> </tr> <tr> <td>Double</td> <td><input type="checkbox"/> 320</td> <td><input type="checkbox"/> 380</td> <td><input type="checkbox"/> 270</td> </tr> <tr> <td>Triple</td> <td><input type="checkbox"/> 270</td> <td><input type="checkbox"/> 330</td> <td><input type="checkbox"/> 220</td> </tr> </table> <p>After July 15, 2004(US\$)</p> <table border="0"> <tr> <td></td> <td>Member</td> <td>Non-member</td> <td>Student</td> </tr> <tr> <td>Single</td> <td><input type="checkbox"/> 470</td> <td><input type="checkbox"/> 530</td> <td><input type="checkbox"/> 420</td> </tr> <tr> <td>Double</td> <td><input type="checkbox"/> 370</td> <td><input type="checkbox"/> 430</td> <td><input type="checkbox"/> 320</td> </tr> <tr> <td>Triple</td> <td><input type="checkbox"/> 320</td> <td><input type="checkbox"/> 380</td> <td><input type="checkbox"/> 270</td> </tr> </table> <p><input type="checkbox"/> Accompanying person (Share room with participant) US\$150 <input type="checkbox"/> Extra bed for children (Share room with participant) US\$ 75 <input type="checkbox"/> Extra room rate (before or after meeting) US\$ 80/night or Accommodation for Research Methodology Course</p> <p>Please identify the additional date(s) _____, 2004</p> <p>Including _____ days _____ US\$</p> <p><input type="checkbox"/> Upgrade room to boathouse US\$ 50/night <input type="checkbox"/> Research Methodology course US\$ 220/person</p>		Member	Non-member	Student	Single	<input type="checkbox"/> 420	<input type="checkbox"/> 480	<input type="checkbox"/> 370	Double	<input type="checkbox"/> 320	<input type="checkbox"/> 380	<input type="checkbox"/> 270	Triple	<input type="checkbox"/> 270	<input type="checkbox"/> 330	<input type="checkbox"/> 220		Member	Non-member	Student	Single	<input type="checkbox"/> 470	<input type="checkbox"/> 530	<input type="checkbox"/> 420	Double	<input type="checkbox"/> 370	<input type="checkbox"/> 430	<input type="checkbox"/> 320	Triple	<input type="checkbox"/> 320	<input type="checkbox"/> 380	<input type="checkbox"/> 270	<p>Payment Information</p> <p><input type="checkbox"/> Bank Transfer to Thai Military Bank Public Company Limited Thammasat University (Rangsit Campus branch) Account IADR/SEA 2004 At Number 050 2 29283 2</p> <p><input type="checkbox"/> Charge \$ _____ to: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>Card Number _____</p> <p>Expired Date (month/year) _____</p> <p>Cardholder Name (Print) _____</p> <p>Signature _____</p> <p>Notes: The LOC reserves the right to charge the correct amount if different from the total payment list above.</p>
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Total Payment: _____ \$