

**ASEAN Institute for Health Development**  
 Mahidol University, Salaya, Phutthamonthon, Nakhonpathom, Thailand, 73170  
 Tel: (66) 2441 9040-3 ext. 60-2 FAX: (66) 2441 9044  
 E-Mail: [adoqs@mahidol.ac.th](mailto:adoqs@mahidol.ac.th)

## “The parent’s Handbook Training” Registration Form

### REGISTRATION DETAILS:

Name:.....  
 Organization/Affiliation:.....  
 .....  
 Address:.....  
 .....  
 .....  
 Phone: ..... Fax:.....  
 E-mail: .....  
 Special Dietary Needs:.....


### REGISTRATION FEE:

	Workshop Fee (Baht)	Accommodations (Baht)	Total Cost (Baht)
<b>Workshop 1 (14 - 16 Dec. 53) Registration fee</b>	<b>3,500</b>		
<b>Workshop 2 (12 - 16 Jan. 54) Registration fee</b>	<b>6,000</b>		
<b>Total</b>			

### ACCOMMODATION: Room Reservation?

- NO  
 YES



  
**ASEAN House** ASEAN Institute for Health Development,  
 Salaya, Phutthamonthon,  
 Nakhonpathom, Thailand, 73170

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 E-Mail: [adoqs@mahidol.ac.th](mailto:adoqs@mahidol.ac.th)

Type of room	Room Rate (Baht / Night)
Double bed room (maximum 2 adults/room)	<b>600</b>
Single bed room	<b>500</b>

\*\*\* Room rate exclude breakfast.

Reserved Name :	<input type="text"/>
Your roommate names:	<input type="text"/>
Number of Persons :	Adult : <input type="text"/> person(s),
Special Requirement :	<input type="text"/>
Date of Check in :	_____ (DD-MM-YY)
Date of Check out :	_____ (DD-MM-YY)

**PAYMENT:**

**Wired Transfer: \_\_\_\_\_ Baht**

<b>Payable to:</b>	ASEAN Institute for Health Development, Mahidol University
<b>Name of Account:</b>	ASEAN Institute for Health Development, Mahidol University
<b>Account Type:</b>	Saving
<b>Account Number:</b>	333-228820-9
<b>Bank:</b>	Siam Commercial Bank Public Company Limited

**Please send the copy of your Transfer Slip via**

**e-mail:** adoqs@mahidol.ac.th, adlws@mahodol.ac.th

**fax:** (662) 441 9044

**Mobile:** 081 6214931

<b>Signature</b> _____
<b>Name</b> _____
<b>Date</b> _____