

Registration form

DELEGATE INFORMATION

Title (Please tick✓) Dr. Mr. Mrs. Ms. Other (please specify)

First Name: Middle Name: Last Name:

Department or Institute: Position:

Postal Address:

City: Country:

Postal Code: E-mail:

Phone: Fax:

Special Dietary: Vegetarian Halal Food Others (please specify)

Social Function: please select if you will attend

Opening ceremony

Gala dinner

How do you know about ACOS 2018?

Email

Friend

Website.....

Event.....

Other.....

	Early bird until 31 October 2017	Standard 1 November 2017- 31 January 2018	Onsite 23-25 February 2018
Foreign delegate	300 USD	350 USD	400 USD
Local delegate	250 USD	300 USD	350 USD
Industry	300 USD	350 USD	400 USD
Accompanying person*	150 USD		
Day registration	150 USD (exclude gala dinner) Please indicate <input type="checkbox"/> 23 Feb <input type="checkbox"/> 24 Feb <input type="checkbox"/> 25 Feb		
Foreign post graduate**	100 USD (exclude gala dinner)		
Pharmacist / Nurse**	100 USD		
Thai fellow in training **	Free (exclude gala dinner)		
Gala dinner ticket (for additional person)	100 USD		

Delegate Include:

- Access to all scientific sessions
- Access to exhibition area
- Conference bag
- Coffee breaks
- Gala dinner ticket

Accompanying Person Include:

- Access to exhibition area
- Coffee breaks
- Gala dinner ticket

Remark

* Accompanying person (s) cannot attend any scientific sessions

** Proof of status needs to be provided at time of registration



The 13th International Conference of the
Asian Clinical Oncology Society
 23-25 February 2018, Chiang Mai, Thailand



Hosted by:
 Chiang Mai Oncology Group (CMOG),
 Faculty of Medicine, Chiang Mai University
 Co-organized by:
 Bangkok Hospital Chiang Mai

ACCOMPANYING PERSON DETAIL

Title (Please tick✓) Dr. Mr. Mrs. Ms. Other (please specify)

First Name: Middle Name: Last Name:

Department or Institute: Position:

Postal Address:

City: Country:

Postal Code: E-mail:

Phone: Fax:

Special Dietary: Vegetarian Halal Food Others (please specify)

Social Function: please select if you will attend Gala Dinner

TOTAL PAYMENT		
Grand Total	USD

Receipt information

Same as above: Yes
 No, Please specify

.....

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PAYMENT METHOD

Credit Card: I authorize the Organizing Committee to charge the total amount indicated above to the following credit card

VISA Master Card

Card Number: - - -

Card Holder Name: Expiry Date: /

Security Code (3 or 4 digit numbers appearing on the signature panel of the card):

Note: Please be noted that there will be a credit card surcharge of 3% from the total amount.



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☐ Wire Transfer:

Account Name	The Asian Clinical Oncology Society (ACOS)
Bank Detail	Siam Commercial bank
Branch	Maharaj Nakorn Chiangmai Hospital Branch
Saving Account Number	407-620958-9
Swift Code	SICOTHBK
Bank Address	110 Intawaroros road, Sripoom, Muang, Chiangmai 50200 Thailand

Note: Please be noted that Bank charges are the responsibility of the participant.

Term & Conditions

- The registration will be accepted only upon full payment is received.
- **Cancellation and Refund Policy:** Notification for cancellation must be in writing to the organizer. Please send your registration information to acos2018@vnuexhibitionsap.com
- All refunds will be made after the conference within 60 days. Handling fees and bank charges will be deducted from the refund amount.

Before 31 October 2017	50% Refund
After 1 November 2017	No Refunds will be made
- Transfer to another name will be accepted only by written request to acos2018@vnuexhibitionsap.com before **20 January 2018**

Making the transfer, please send a copy of bank receipt of your remittance to aocs2018@vnuexhibitionsap.com or fax +66 2 670 0908

For more information, please visit <http://www.acos2018.com> or contact +66 2 670 0900 # 124

Applicant's signature: Date: