



BANGKOK
2 - 4 SEPTEMBER 2010



Registration Form

DELEGATE REGISTRATION

Title First Name
.....

Surname
.....

Practice/Company
.....

Address
.....

Town Post Code
.....

Country
.....

Office / Mobile Phone
.....

Fax.
.....

Email
.....

WHAT TYPE OF MEDICAL PRACTICE DO YOU WORK IN?

- Hospital Private Practice
- Health/Wellness Centre Spa/Salon
- General Practice Other

PAYMENT DETAILS

DELEGATE

- Early Bird Rate THB 12,800
(Before August 15, 2010)
- Regular Rate THB 18,800
(August 16 - 31, 2010)
- Onsite Rate THB 21,500

NURSE

- Early Bird Rate THB 10,880
(Before August 15, 2010)
- Regular Rate THB 15,000
(August 16 - 31, 2010)
- Onsite Rate THB 17,200

OTHER PROGRAM

- Review Exam Session THB 10,000
(ABAARM only)
- Post Conference Workshop THB 8,800
- Review (ABAARM + ABAHP) Kits THB 25,000
(Books and CDs)

ABOUT YOU*

- | | |
|--|---|
| <input type="checkbox"/> Aesthetic Practitioner | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> ENT | <input type="checkbox"/> General Practice / Family Practice |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Neurology / Neurological Surgery | <input type="checkbox"/> Nutrition/ Nutraceuticals |
| <input type="checkbox"/> Obstetrics and Gynaecology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Pharmaceutical Chemists / Pharmacists | <input type="checkbox"/> Psychiatry / Psychology |
| <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Sports Therapy / Sports Medicine |
| <input type="checkbox"/> Researcher / Scientist | <input type="checkbox"/> Other (Please specify) |

HOW DID YOU HEAR ABOUT THIS MEETING

- American Academy of Anti-Aging Medicine
- Worldhealth.net
- Association (please specify)
- Exhibition Information
- Internet
- Email
- Journal / Publication (please specify)

PAYMENT DETAILS

- VISA MasterCard

Credit Card No.
.....

Name on Card
.....

Expiry Date
.....

Security Code
.....

Total Payment
.....

Signature Date
.....

Bank Transfer

Account name: A4M (Thailand) Co., Ltd
 Account no: 015-0-13979-9
 Account type: Saving
 Bank name: Krung Thai Bank Public Limited
 Swift Code: KRTHTHBK
 Branch: Asoke Branch
 Address: 253 Sukhumvit 21 Rd., Klongtoey-Nue
 Wattana, Bangkok, Thailand 10110
 Tel: +66(0) 2664 1600-5
 Fax: +66(0) 2260 1365

(please kindly send the bank slip with the registration form)

Please send this registration form to
Wild Blue Congress Organizer
 Fax. +66(0) 2714 2656
 E-mail: info@a4mthailand.com

Cancellations: 25 % administration charge will be applied for the written cancellations before July 15, 2010. Cancellation will not be accepted beyond this date

Registration Online at www.a4mthailand.com