



สมาคมโรคระบบหายใจและเวชบำบัดวิกฤตในเด็ก
Pediatric Respiratory and Critical Care Medicine Association

Airway Endoscopy Course 2018 15 – 17 August 2018, Bangkok-Thailand

REGISTRATION FORM **(Deadline: 15 July 2018)**

(Please provide the information clearly below)

Title: Professor Dr.

Name: _____ Surname: _____

Current position: _____ Department: _____

Organization: _____

Mobile number: _____ Email address: _____

Please ✓ the appropriate below.

I would like to register for the course. (Member fee: USD 800 per person)

I would like to register for the course. (Non-member fee: USD 1,200 per person)

Bank Details:

- Bank name: Chong Hing Bank Limited, Hong Kong
- Bank address: Chong Hing Bank Centre, 24 Des Voeux Road, Central, Hong Kong
- Bank code: 041
- Swift code: LCHBHKHH
- Account name: **Asian Paediatric Pulmonology Society**
- Account number: 292 – 20 – 607188 – 7
- Account type: Saving
- Bank charges: **You are required to absorb all bank charges in your home country and overseas.**

Date: _____ Signature: _____

Enquiry:

Name: Ms. Melissa Leung, APPS
Email: apps.medisociety@gmail.com
Address: Room CS-802B, Department of Paediatrics, Kwong Wah Hospital,
25 Waterloo Road, Yaumatei, HONG KONG