





REGISTRATION FORM

1. Registration Details

The 20th AHWP Annual Meeting, 2-6 November 2015, Dusit Thani Hotel, Bangkok, Thailand

Online registration is highly recommended via the official website at <u>www.ahwp2015.com</u>. In case that the online registration is not available, please complete the following contact information and send it to <u>2015ahwp@gmail.com</u> or fax +662 714 2656. All fields with an asterisk (*) are required to be filled. (Check []] where appropriate). Please submit the registration form before **October 9, 2015 for early bird rate**.

Title*:	[]Dr. []Mr. []	Mrs. [] Ms.		Sex*: [] Male [] Female
First Name*:			Family nan	ne*:		
Affiliation*:						
Address:						
City:		State/Provinc	e*:		Country*	:
Zip/Post Code:		Email*:			·	· ·
Telephone*:	()	Fax*: ()		Mobile*:	

2. I would like to participate:

(Check [] where appropriate).		
Nov 2-3	[] Tool for Regulatory Convergence - The		
	AHWP Playbook		
Nov 4	[] AHWP Workshop		
Nov 5	[] AHWP Technical Committee Meeting		
	[] Gala Dinner		
Nov 6	[] AHWP Annual Meeting		
	[] AHWP ASL AGM (Open to representatives of		
	AHWP member economies only)		
• Final programme subject to changes & will be announced			

at AHWP official website

Food Preference

[] Regular [] Vegetarian [] Other

3. Registration Fee (Check [] where appropriate).

Industry / Trader				
Multinational	[] Early bird rate USD 900			
Corporation,	(Until Oct 9, 2015)			
Overseas / Local	[] Regular rate USD 950			
Local Industry	[] Regular rate USD 350			
Regulator from Government Authorities				
[] Complimentary for 2 delegation of each AHWP				
member economy				
Regulator	[] Regular rate USD 350			
Please submit a registration form for each participant.				
Confirmation of successful registration will be sent after				
clearance of payment				

4. Payment (Check [] where appropriate).

[] By Bank Transfer

[] By Credit Card (Available only for online registration)

Remittance

Should be made to the following: Account Name: Thai Medical Device Technology Industry Association Account No.: 080-301700-2 Bank Name: SCB, Thanon Srinakarin Branch Bank Address: 259, 261, 263, 265 Srinakarin Rd., Hua Mak, Bang Kapi, Bangkok 10240 Swift Code: SICOTHBK

Amount: USD

Signature:

Date:

• All banking charges, if any, are to be borne by the delegates

Please note the "20th AHWP Annual Meeting, 19th AHWP TC Meeting & AHWP-AHC Joint Workshop" in the remittance document as the remittance message for our verification.
Please submit the completed registration form together with the copy of remittance document to

2015ahwp@gmail.com

Payment by other mode of payment which are not stated







5. Accommodation

Accommodation is available at the meeting venue – **Dusit Thani Bangkok** at following *Special* rates:

Room Type	Rate (net. /night) Inc. ABF			
Deluxe Room	Single THB 4,200 nett			
	Twin THB 4,700 nett			

Hotels near by (all are in the walking distance)

Hotel	Rate	
Tawanna Bangkok	To be further	
(10 min) 4 stars	announced	
D Varee Diva Bally Silom	To be further	
(3 min) 3 stars	announced	
Silom One Hotel	To be further	
(5 min) 3 stars	announced	

Other hotel

Hotel	Rate	
Holiday Inn	To be further	
(Taxi – 10 min)	announced	
Furama	To be further	
(Taxi – 10 min)	announced	

The booking forms of each hotel will be available on the website.

Important Notes:

• Registration without payment will not be entertained, and admission allowed to persons aged 18 or above only.

• Acceptance of registration will be assigned on a first-come-first- served basis.

• Registration fee is non-refundable.

• Meeting program is subject to change without prior notice.

• The information provided in this form will only be used for processing your participation and communication with you on matters related to the AHWP Meeting. If you wish to correct your personal data, please email: <u>2015ahwp@gmail.com</u>