



Registration Form

3rd Asian Micro-implant Anchorage November 11~12 2010

Arnoma Hotel, Bangkok

Personal Details

Please complete all fields using BLOCK LETTERS CLEARLY to prevent error reading :
Incomplete forms may not be processed

Full Name : _____

Organization : _____

Field of Expertise : _____ Dentist License No.: _____

Mailing Address: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____ Cell Phone: _____

Registration Details

Registration	Before Aug 31 2010	After Aug 31 2010
Dentist	US\$ 250	US\$ 300

Payment Info

Credit Card Info

- Visa Master
- Credit Card Number : _____
- Cardholder's Name : _____
- 3 Digit Security Code (V-code) : _____
- Exp. Date (MM/YY) : _____

Signature

Transfer Info ※

- Bank : SWIFT-BKKBTHBK
- Account Name : Dentapex Co.,LTD
- Account number : 123-4-52730-5
- Bank Name : Bangkok Bank PCL, Ratchathewi Branch
- Bank Address : 128/17-18 Payatai Plaza Building, Phayathai Road, Ratchathewi, Bangkok 10400 Thailand.

※ In case of wire transfer, please be responsible for bank charges and service fees.
Only full amount that reach our bank account will consider as complete registration.

Address : Dentapex.,Co.LTD. 128/146 13th FL. Payatai Plaza Building, Payatai Rd., Bangkok, Thailand
Tel : + 66-2-216-1688 Fax : + 66-2-612-9042
E-Mail : info@dentapex.co.th

To join this congress, please fill this form and send it by fax. +66-2-612-9042 or e-mail (info@dentapex.co.th) it to us.

