

REGISTRATION FORM



World Health
Organization

9th International Training Course on Management of Malaria
29 August - 2 September, 2011

9th International Training Course
on Management of Malaria

(First Name)

(Last Name and Middle Name)

Age : _____ Years

Sex : Male Female

Nationality : _____

Mailing Address :

Closign Date for Application:
9 August, 2011

Education Background

Phone No : _____

Fax No : _____

Email : _____

Accommodation

(TropMed International House, single room,
Air conditioned, 900 Baht/room/day)

Check-in Date : _____

Check-out Date : _____

PAYMENT

The course fee USD900 should be paid in
US Dollars by bank transfer to:

Account: International Relations Unit

Account No.: 254-203069-4

Bank Account: The Siam Commercial Bank
Public Company Limited, Hospital for
Tropical Disease Branch

Swift Code : SICOTHBK

Please return the Form and a copy of
the bank payment to :

International Relations Unit,
Faculty of Tropical Medicine, Mahidol University,
420/6 Ratchawithi Road, Ratchathewi,
Bangkok 10400. Thailand

Fax : +66 (02) 354-9141

E-mail : tmirunit@diamond.mahidol.ac.th

For further information and registration:

Office of International Cooperation,
Faculty of Tropical Medicine Mahidol University
420/6 Ratchawithi Road, Ratchathewi
Bangkok 10400. Thailand

Tel : +66 (02) 643-5614

Fax : +66 (02) 354-9141

E-mail : tmirunit@diamond.mahidol.ac.th