# APPLICATION FORM

**The 6th Ramathibodi Training Course in Cosmetic Dermatology**

**October 16-18, 2017**

**DIVISION OF DERMATOLOGY, FACULTY OF MEDICINE**
**RAMATHIBODI HOSPITAL, MAHIDOL UNIVERSITY**
**270 RAMA VI ROAD, RATCHATHEWI, BANGKOK 10400 THAILAND**

**E-MAIL: skin1465@hotmail.com**

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**NAME (AS TO BE SHOWN ON CERTIFICATE)**: ……..……

**NATIONALITY:** ……..…….**SEX: [ ] MALE [ ] FEMALE**

**CURRENT POSITION** …….....…… **INSTITUTION** ……..……..……..

**MAILING ADDRESS :** ……

……...

……...

**TELEPHONE**……...**FAX**……..…….…….…..…….…**EMAIL**……..

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**ACADEMIC QUALIFICATIONS:** [ ] M.D. [ ] SPECIALIST (PLEASE SPECIFY) : ……

## Registration Fees:

### Lectures

| | | |
|---|---|---|
| [ ] Early registration | (deadline September 29, 2017) | 150 USD |
| [ ] Late registration | (after September 29, 2017) | 250 USD |

### Lectures + live demonstration (LIMITED TO ONLY 60 APPLICANTS)

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|---|---|---|
| [ ] Early registration | (deadline September 29, 2017) | 500 USD |
| [ ] Late registration | (after September 29, 2017) | 600 USD |

Payment method: Bank draft payable to "The Division of Dermatology" Or by electronic transfer to "The Siam Commercial Bank, Ramathibodi Branch"

**BANK NAME:** SIAM COMMERCIAL BANK

**BRANCH:** RAMATHIBODI BRANCH

**ACCOUNT NAME:** DIVISION OF DERMATOLOGY

**ACCOUNT NUMBER:** 026-2-94449-8

**SWIFT CODE:** SICOTHBK

To confirm you seats, application form and a copy of payment slips MUST be scanned and emailed or faxed to 02-201-1211, skin1465@hotmail.com

**SIGNATURE** ……..……...

(……..)

**DATE** ……..…… / ……. / …….