



REGISTRATION FORM
8th International Training Course
on Management of Malaria
30 August - 3 September, 2010

Faculty of Tropical Medicine
 Mahidol University
 420/6 Ratchawithi Road, Ratchathewi
 Bangkok 10400. Thailand
 Tel : +66 (02) 306-9118
 Fax : +66 (02) 354-9141

 (First Name)

 (Last Name & Middle Name)

Age: _____ years

Sex : Male Female

Nationality : _____

Mailing Address :

Fax No.: _____

E-mail : _____

Educational Background

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

Check-in date. : _____

Check-out date.: _____

Closing Date for Application:
 15 August, 2010

PAYMENT

The course fee 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



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WHO Collaborating Centre
for Clinical Management of Malaria
 Faculty of Tropical Medicine
 Mahidol University
 420/6 Ratchawithi Road, Bangkok
 Thailand

For further information and registration:

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

Tel: 66 (0) 2 3069118

Fax: 66 (0) 2 3549141

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