



COMMERCIAL EXHIBITION / SPONSORSHIP FORM

15th Thai Medical Physicist Society Annual Meeting

1-3 March 2024

Rua Rasada Hotel, Trang, Thailand

Company Name:

Address:

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Tax Number:

Telephone:

Fax:

E-mail:

Authorized Person:

Name **E-mail:**

Position

Exhibition

50,000 Baht/Table, Number of Table _____

Presentation

- Lecture presentation: 20 minutes (3 March 2024, 10:30-11:50)

20,000 Baht/Topic, limited for 4 Topics

Topic: _____

Speaker: _____

- Lunch symposium: 60 minutes (1-2 March 2024, 12:00-13:00)

50,000 Baht/Company, limited for 2 Companies

Topic: _____

Speaker: _____

Method of Payment

Bank Transfer to "Thai Medical Physicist Society", Account No. 0452826573,
The Siam Commercial Bank, Thai Red Cross Society branch. SWIFT/BIC:
SICOTHBK

Cash

Signature

Date

Cancellation: NON-REFUNDABLE

Please send the completed form to

Asso.Prof. Sivalee Suriyapee

e-mail: ssivalee@yahoo.com, anchali.kris@gmail.com