



The 16th ASCoN Conference and Workshop

7th-10th December 2017
At the UNISERV, Chiang Mai University, Chiang Mai, Thailand

Registration Form for Conference and/or Workshop
 (Please type and insert ✓ in front of the appropriate choices)

Title and First name	Middle name	Surname/Last name
Professional <input type="checkbox"/> Rehab physician <input type="checkbox"/> Specialist in..... <input type="checkbox"/> Nurse <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Social worker <input type="checkbox"/> Psychologist	Other <input type="checkbox"/> Rehab Resident <input type="checkbox"/> Master/Ph.D. student in, <input type="checkbox"/> Undergrad student, <input type="checkbox"/> SCI consumer <input type="checkbox"/> Accompanying person <input type="checkbox"/> Other	Working place/affiliation

E-mail address:

I would like to register for	Conference and Workshop* 7-10 Dec	Workshop only* 7 Dec	Conference only 8-10 Dec	
<input type="checkbox"/> ASCoN member	Early-bird registration only	Early-bird Registration only	Early-bird registration	Late/on site registration
- <input type="checkbox"/> All professionals	3,500	800	4,000	5,000
- <input type="checkbox"/> Student, resident in-training	3,000	600	3,500	4,000
<input type="checkbox"/> SCI consumers	3,000	600	3,500	4,000
<input type="checkbox"/> Accompanying of SCI consumer#	3,000	600	3,500	4,000
<input type="checkbox"/> Non-ASCoN member	4,500	1,000	5,000	6,000

Registration fees (in Thai Baht) Early-bird registration only – till 31st October 2017*

I have paid Baht via Bank (name)..... Transferred on (date) To bank account name: Workshop on SCI management. Account number: 566-270281-0 Siam Commercial Bank Public Company Limited Swift code: SICOTHBK Please scan the bank document and send it along with the registration fee	Please select one full-day workshop <input type="checkbox"/> Neurogenic bladder dysfunction: assessment and management <input type="checkbox"/> Enhancing mobility <input type="checkbox"/> Building confidence Or two half-day workshops Morning <input type="checkbox"/> Building capacity of rehab professionals <input type="checkbox"/> Sexuality and disability Afternoon <input type="checkbox"/> Tetraplegic hand: assessment and therapy <input type="checkbox"/> Pressure ulcers: wheelchair, cushion and pressure mapping
I will attend the following session on 7 th Dec 2017 <input type="checkbox"/> No <input type="checkbox"/> ' the raising awareness program after the workshop <input type="checkbox"/> 'the opening ceremony of the ASCoN'	

Attached document(s)	<input type="checkbox"/> None	<input type="checkbox"/> Bank document for the transferred registration fee <input type="checkbox"/> An abstract of my presentation <input type="checkbox"/> A reference letter (for resident in training/student)
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Special request	<input type="checkbox"/> No	<input type="checkbox"/> Vegetarian foods <input type="checkbox"/> Universal design toilet and ramp <input type="checkbox"/> Other
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Date of submission	Signature
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Please type, scan and send it to apichana.k@cmu.ac.th

(This form is revised on 04/07/2017)