REGISTRATION FORM

FOR OFFICIAL USE ONLY
Date of Receive: .....
Input: ..... Initial.....
Receipt No:_____

The 15th FAVA Congress 2008
October 27-28-29, 2008

PLEASE PRINT OR TYPE (Black ink and block letter only)

PERSONAL DETAILS

First Name:☐☐☐☐☐☐☐☐☐☐ Middle Initial: ☐☐☐ Last name:☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Title: ☐☐☐☐ Badge Name:☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Organization/Institute: _____ Department: _____
Mailing Address: _____ Street _____
City: _____ State: _____ Zip Code: _____ Country: _____
Email Address: _____ Mobile Number: _____
Area Code/Phone Number: _____ Fax Number: _____
Special Dietary Requirement: ☐ Vegetarian ☐ Halal

***Veterinary Student / Graduate Student Eligibility**
I certify that the above-named person is presently veterinary student or graduate student.
Name of Department Head (please print name): _____
Email Address: _____ Signature: _____

REGISTRATION FEES (in US Dollars)

Type of Registrant	Early Bird *Before April 30, 2008*	Pre-Registration *May 1- Aug. 31, 2008*	On-site Registration *After Aug. 31, 2008*	Amount (US$)
Participant	500	550	650	
Student*	250	300	450	
Accompanying Person	100 x __ person(s)	120 x __ person(s)	250 x __ person(s)	

***Veterinary Student / Graduate Student must complete eligibility box.**

Total I _____

Name of accompanying person 1: _____
Name of accompanying person 2: _____

SOCIAL PROGRAMS

Events	Code	Date	US$ /person	No. of person	Amount (US$)
Welcoming Reception	WR	October 27, 2008	Complimentary		-
Farewell Gala Dinner	FGD	October 28, 2008	Complimentary		-
Spouse Program	SAP….	October 28, 2008	Complimentary		-
Congress Excursion	CE….	October 30, 2008	Complimentary		-
Golf Tournament	GT	October 26, 2008	150		

Total II _____
Operation Fee III _____**20**_____

METHOD OF PAYMENT

Payment Reference: **Grand Total Fees Payable (I+II+III) USD**_____

Please identify your payment method:
☐ **Bank Transfer** (including bank charges) Ref. Code: _____ From Bank: _____
Branch: _____ Country: _____

For Bank Transfer, please transfer to: Account name: 15th FAVA CONGRESS, Account number (IBAN Code): **374-1-52292-4**
Swift code: AYUDTHBK, Name of Bank: Bank of Ayudhya, 50 Phahonyothin Road, Ladyao, Chatuchak, Bangkok 10900, Thailand

☐ **Credit Card** (please complete your payment details)
Credit Card Type: ☐ Visa ☐ MasterCard (*Only Visa and MasterCard are accepted*)
Credit Card No: ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ CVV/CVC: ☐☐☐ Expiration Date: ☐☐ / ☐☐
Cardholder's printed name: _____ Signature: _____
(***I authorized FAVA 2008 to sign in on my behalf***)

Instructions:

1. *Online Registration is encouraged at http://www.fava2008.com*
2. *For registration via **Fax, Email** or **Mail**, all registrants are required to complete the registration form and return it with your payment details to:*

- ***Fax Number: 662-252-8773, Email:*** *registration@fava2008.com*

Or mail to:

- ***Fava 2008 Secretariat***
  69/26 Soi Patumwan Resort, Phayathai Road, Ratchathewee, Bangkok 10400, THAILAND.