



## Registration Form for Patients/Parents

1st Pan-Asian on Haemoglobinopathies  
Bangkok, 3-5 November 2011  
Royal Orchid Sheraton Hotel & Towers

| APPLICANT'S DETAILS   |                               |
|---|-------------------------------|
| <b>First name/s:</b>  | <b>Surname:</b>               |
| <b>Date of Birth:</b>   | <b>Indicate your disease:</b> |
| <b>Association:</b>   |                               |
| Full address (incl. postcode & country): _____<br>_____   |                               |
| Telephone (incl. all dialing codes) _____   |                               |
| Mobile / cell phone _____   |                               |
| Fax _____   |                               |
| E-mail _____  |                               |
| Languages spoken:<br>_____  |                               |
| Will you be able to follow presentations in English? Yes <input type="checkbox"/> No <input type="checkbox"/>               |                               |
| <b>Emergency contact:</b> Please supply the details of someone who can be an emergency contact for the period of the event. |                               |
| Name _____ Relationship _____   |                               |
| Tel. no. _____ Mobile / cell phone no. _____  |                               |
| Fax _____ Email _____   |                               |
| <b>DATE:</b> _____  |                               |

In order to begin processing your participation, please return this form completed by **20 August 2011**.



### REGISTRATION FEE

The conference registration fee includes entrance to the conference, conference materials, lunch & coffee breaks during the conference.

**Registration Deadline: 20 August 2011.**

| Delegate category     | Registration (USD) |
|-----------------------|--------------------|
| Patient / parent      | Free               |
| Medical specialist    | 100                |
| Trainee Doctors       | 80                 |
| Laboratory Scientists | 50                 |
| Nurses                | 50                 |

For cancellations made before 20 August 2011, the full amount of the registration fee will be refunded. For cancellations made after 20 August 2011, a 25% reduction will be made.

The conference registration can be transferred to another person with notice of the name change to the conference organiser.

### CONFERENCE VENUE:

Royal Orchid Sheraton Hotel & Towers  
Bangkok, Thailand

<http://www.starwoodhotels.com/sheraton/property/overview/index.html?propertyID=172>

### ACCOMMODATION:

Accommodation space has been reserved for all participants at the conference venue. Better accommodation rates for participants of the conference have been arranged and are as follows:

| Room Type            | Single Room | Double Room |
|----------------------|-------------|-------------|
| Deluxe River View    | 4500 THB    | 5000 THB    |
| Premium River View   | 5600 THB    | 6100 THB    |
| Executive River View | 6900 THB    | 7400 THB    |

\* Based on availability of rate

**Note:** To facilitate your travel bookings and accommodation, TIF will provide you with information on how to proceed on these issues after we receive your completed registration form.



**Please return this form by mail, fax or e-mail to:**

**“1<sup>st</sup> Pan-Asian Conference on Haemoglobinopathies”**

**Thalassaemia International Federation**

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**DEADLINE: 20 AUGUST 2011**