

The ASEAN - U.S. Enhanced Partnership Medical Devices Capacity Building Workshop

Payment Form

*Notes: Please use this form for payment purpose ONLY.
Registration is required of all participants at:
http://www.buyusa.gov/asianow/medical_workshop_reg.html

Registration Information:

Full Name:

Organization / Company:

Economy / Country:

Participation Information:

Participation Type	Participation Fee
<input type="checkbox"/> Government Delegate	FREE
<input type="checkbox"/> Panelist/Speaker	FREE
<input type="checkbox"/> Industry	US\$ 200
Spouse's Participation	
<input type="checkbox"/> Yes	US\$ 100
<input type="checkbox"/> No	
Total	US\$

Billing Information:

I agree to pay the total amount of US\$ as a participation fee. Please use the following credit card information to complete my registration payment:

Name:

Title:

Organization/Company:

Billing Address:

City, State, ZIP:

Fax:

E-mail:

Credit Card No.:

Expiration Date:

Name as shown on card:

Signature:

Date:

Please fax back to us at: (84-8) 825-0491. Thank you.