

REGISTRATION AND PAYMENT PROCESS

1. Registration

All registrations are on a first-come-first-served basis. Please complete and send (by email, fax or mail) the registration form, together with the Medical Insurance form (page 3), as soon as possible to reserve a place in the Seminar.

PLEASE NOTE only on **full payment** of the Seminar fee can your registration be considered **confirmed** for the Seminar.

It will be obviously helpful for both registration and payment to be done at the same time.

2. Payment Instructions

All payments must be made in **\$USD** by telegraphic transfer, bank draft or credit card. The necessary address details are in the box below.

Telegraphic Transfer: Telegraphic transfer must be forwarded to the following account:
Account Name: MAE LOK CO. LTD.
Bank: Bangkok Bank, Mae Rim Branch,
Chiang Mai, Thailand.
Account No.: 358-0-46595-7
Swift Code: BKKB.THBK

Please note

- all **telegraphic transfers must have the payee's name** for easy identification,
- and **all bank charges must be paid by remitter (sender)** at the source of payment.

The copy of the telegraphic transfer should then be also faxed to the Prem Center

OR

Bank Draft : A Bank Draft must be made payable to "Mae Lok Co. Ltd" (please include an additional US\$30 for bank charges). This needs to then be

- mailed to the Prem Center postal address (in the box above), with a copy of the registration form to ensure identification of sender
- faxed to the Prem Center to ensure speedy acceptance

OR

Credit Card: Fully complete the "Credit Card Payment Authorization Form" (page 4) with the photocopy of the credit card (as requested on the form) then email or fax to the Prem Center.

Refund Policy: Full refund (minus bank costs) for cancellation before May 1, 2008.
50% refund (minus bank costs) for cancellations after May 1 and before June 1, 2008. No refund after June 1, 2008.

ADDRESS DETAILS:

Postal: Lister W. Hannah Global Connections 2008 The Prem Center PO Box 1 Mae Rim, Chiang Mai 50180 Thailand	Phone: +66 50 301500 Ext. 5015 Fax: +66 53 301468 ***** Email : globalconnections2008@premcenter.org
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**GLOBAL CONNECTIONS XI
PREM CENTER, CHIANG MAI, THAILAND
JUNE 25-30, 2008**

MEDICAL INSURANCE STATEMENT

(to accompany Registration Form)

All participants must be responsible for having adequate medical coverage for the duration of their participation in the Global Connections Seminar. This applies equally to spouses, partners. Neither The Global Connections Foundation, Inc. or The Prem Center, including their Officers and Directors, will be held liable for any illness or injury sustained during the course of the Seminar. Having adequate medical and other/travel insurance coverage is the full responsibility of each participant.

Please sign below to verify that you have read and acknowledge the above statement and that you have (or will) comply with this requirement. Thank you.

Printed Name: _____

Signature: _____ Date: _____

CREDIT CARD PAYMENT AUTHORIZATION FORM

Check one:

Visa Card# _____ Expiration Date : _____
(include last three digit number located on the back of your card, signature area): _____

Master Card# _____ Expiration Date : _____
(include last three digit number located on the back of your card, signature area): _____

Amex Card# _____ Expiration Date : _____
(include last four digit number located on the back of your card, signature area): _____

Name as appears on card : _____

Company name on card (if applicable): _____

Credit card billing address : _____ Tel: _____

_____ Fax: _____

I, the undersigned, (Name) _____

do hereby authorize the Mae Lok Company Limited (on behalf of the Prem Tinsulanonda Center for International Education) to charge the sum of _____

(_____ only) to my credit

card for payment of _____

If the Mae Lok Company Limited is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder (as it appears on card): _____

Printed Name of Card Holder: _____

Date: _____

Please enclose a copy of your credit card (both sides) with the signature of the Card Holder as on this form