

Important Note: your information cannot change after register.



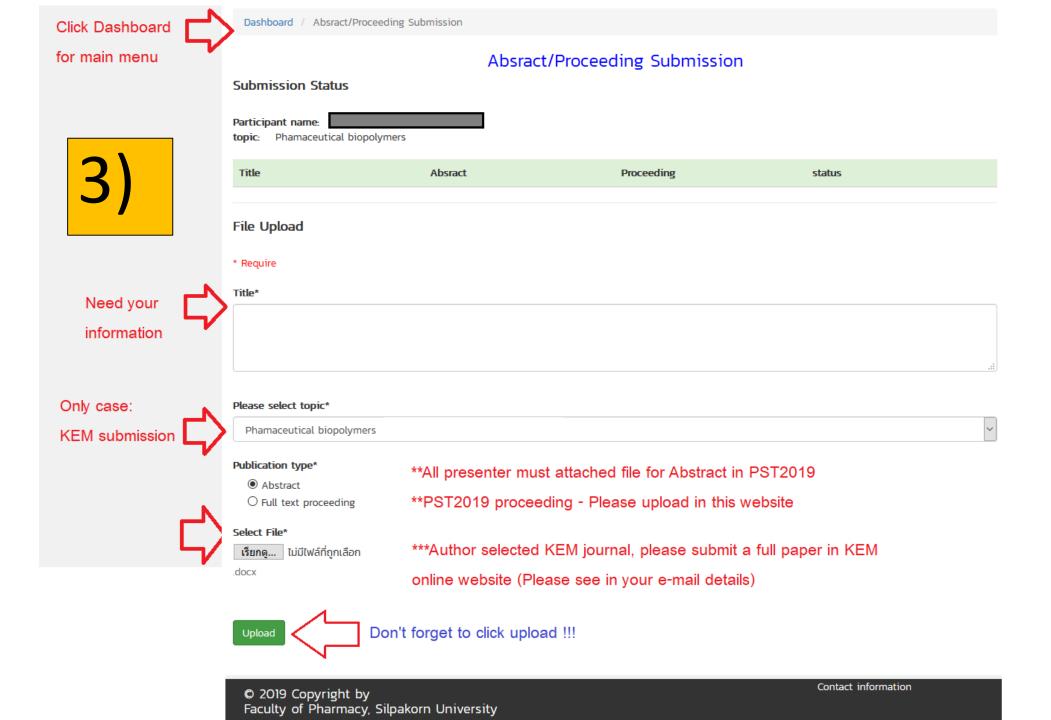
**Registration Form** 

	Password*	Confirm Password*
Contact Email	5-10 characters	5–10 characters
2 Attendee information Prefix*	Given name*	Family name*
Mr.	v	
Job position*	Mobile phone*	
Organization		
3 Billing information (This info	ormation will show on the official receip	h
	ormation will show on the official receip	t)
3 Billing information (This info Organization name for tax invoice/re Ex. Faculty of Pharmacy, Silpakorn U	ceipt	t)

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4	Dashboard	Welcome	
Ę	1)	Profile	
	2)	Proof of Payment	
Ę	3)	Absract/Proceeding Submission	
•		Logout	
	© 2019 Copyright by Faculty of Pharmacy, Silpakorn	University	Contact information

1) Click Dashboard for back menu		A second	the state of the s
	Dashboard / Participant Profile You cannot edit - your information I Login information Email*	Participant Profile	Confirm Password*

Click dashboard	Dashboard / Proof of Pa	ayment				
or main menu	ና ጉ	Pav	ment Upload			
2)	Payment Method (Me					
	Account No: 050 – 8 – 294 Bank: KASIKORN BANK PU Branch: EMQUARTIER					
	SWIFT Code: KASITHBK					
	Payment Status					
	Participant name:         Participant Fee:         Local participants 4,500 THB (Registration fees before April 30, 2019)					
	Monney transfer date	Payment file upload date	Payment file	status		
	Payment File Upload	i				
	* Require	Please fill transfer date: Year-	-Month-day			
N	Monney transfer date*					
$\Box$	Ex. 2018-01-05					
	Format: Year-Month-Day					
	Select File เรียกดู ไม่มีไฟล์ที่ถูกเลือก	Please attached your transfe	r slip in *.jpg or *.png	file (less than 5 MB)		





## Upload complete

After complete upload:

You can see "Upload complete"

