

## PAYMENT CONFIRMATION FORM

**Name of Participant:** .....

**Telephone Number:** .....

**E-mail Address:** .....

**Bank Transfer Information:**

**Date**..... **Time**..... **Amount**

.....

<p>Bank slip here</p>
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**Please send to:**

Fax: (+66) 5596-2703; (+66) 5596-2709

OR

E-mail: [icrbo2017@nu.ac.th](mailto:icrbo2017@nu.ac.th) ; [coefo@nu.ac.th](mailto:coefo@nu.ac.th) ; [riantongs@nu.ac.th](mailto:riantongs@nu.ac.th)