Joint TIC / Auto Council / Business Economics: Technology and Innovation: A Force for Driving Change

Payment Tools

1. Payment to be settled at the AMCHAM Thailand Office:
   7/F GPF Witthayu A, 93/1 Wireless Road,
   Lumpini, Pathumwan, Bangkok 10330

2. Payment to be settled by Credit Card, please complete Credit Card Payment form on the right column

3. Transfer money to AMCHAM account

"The American Chamber of Commerce in Thailand"

- *Kasikorn Bank*
  - All Seasons Place Branch
  - 617-1-00419-3
  - If pay at bank counter, please use the attached Bill Payment Form
  - If transfer via ATM machine, please key in this shop code '80425'

Or

- *Citibank*
  - Bangkok Branch
  - Saving Account no. 5-119964-069

Please fax the pay-in slip to K. Lek at 02-251-1605 in order to confirm your payment

****

Date: May 18, 2018
Time: 3:30 – 6 pm (Meeting)
6:00 – 9 pm (Networking)
Venue: Ballroom, Movenpick Siam Hotel Na Jomtien Pattaya, Chonburi
Cost: For meeting:
- All-Chambers Member: 250 Baht/person
- Non-Member: 500 Baht/person

Cost: For networking:
- All-Chambers Member: 500 Baht/person
- Non-Member: Contact K. Orn at 02-254-1041 # 214 or orn@amchamthailand.com

Registration & Payment Deadline: May 16, 4:30 pm

**** No refund after settling payment ****

Contact lek@amchamthailand.com for **payment** details.
Contact kittie@amchamthailand.com for **meeting at 3:30 pm**.
Contact orn@amchamthailand.com for **networking at 6 pm**.

Credit Card Payment Form

Date: _____

I hereby authorize AMCHAM to charge my credit card:

- ☐ Committee meeting Joint TIC/Auto Council/Business Economics: Technology and Innovation: A Force for Driving Change at 3:30 pm
- ☐ Joint Chambers Eastern Seaboard Networking Hosted by AMCHAM at 6 pm
- ☐ Other _____

Credit card details: (DEBIT CARD CANNOT BE ACCEPTED)

☐ VISA Card ☐ Master Card ☐ American Express Card

Name of Card Holder: _____

Card no. | | | | | - | | | | | - | | | | | - | | | | |

Expired Date (MM/YY) | | | - | | |

Security Code: Last 3 digits on the back of the card on the Signature location_____

AMEX: Additional 4 digits above account number on front of card _____

Amount: _____ Baht

Signature (same as that on card): _____

Contact person:

Name: _____ Tel: _____

Company: _____

Address (For issue receipt): _____

_____

_____

Tax ID: _____ Branch No: _____

*** Please fax K. Lek this form to confirm your payment at fax no. 02-251-1605***

ฉ ฉ ฉ ฉ ฉ ฉ ฉ ฉ ฉ ฉ