



Asian Pan-Pacific Society for Pediatric Gastroenterology, Hepatology, and Nutrition

MEMBERSHIP APPLICATION GROUP PAYMENT FORM

Name of applicants (The first applicant in the list is the contact person for the group.)

1. _____
Email: _____
Contact number (country code – telephone number): _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Number of Applicants: _____

Country: _____

Name of Bank: _____

Amount (in USD): _____

Date and time of payment (GMT+7, local time in Bangkok): _____

Notes:

- Each applicant must register individually at the APPSPGHAN website <http://appspghan.org> and attach the group payment receipt via the registration system. Please indicate “Group Payment” in the box when uploading the bank receipt.
- The contact person must email a copy of the “Membership Application Group Payment Form” together with a copy of the group payment receipt to info@appspghan.org.
- For further inquiries, please email info@appspghan.org.