



STUDENT REGISTRATION FORM FOR CIBTAC EXAMINATION

Mr./Mrs./Ms./First Name: _____ Surname: _____
Birthday: _____ ID No.: _____
Nationality: _____ Religion: _____
Permanent Address: _____
Present Address: _____
Province / City: _____ Code: _____ Country: _____
E-Mail Address: _____ Tel: _____ Fax: _____
Address (Whilst Training) _____

Diploma Courses

Examination Fees

<input type="checkbox"/>	Anatomy & Physiology (CSA 101)	4,200 Baht
<input type="checkbox"/>	Body Massage (CSA 102)	5,900 Baht
<input type="checkbox"/>	Skin Treatments (CSA 104)	5,900 Baht
<input type="checkbox"/>	Theory Retake	4,000 Baht
<input type="checkbox"/>	Practical Retake	4,000 Baht

<input type="checkbox"/>	CIBTAC Registration Fee	1,700 Baht
<input type="checkbox"/>	Late Registration Fee	800 Baht

TOTAL: _____ **Baht**

LANGUAGE: **Thai** **English**

I wish to register for the above CIBTAC examination(s). I declare that the above particulars given by me are true.
I understand and accept that **all fees are non-refundable**.

Signature of Applicant: _____ Date: _____