

CIBTAC EXAMINATION REGISTRATION FORM
(Please fill in CAPITAL letter)

Mr./Mrs./Ms./First Name: _____ Surname: _____

Date of birth (DD/MM/YY): _____ ID or Passport No.: _____

Nationality: _____ Religion: _____

Postal Address: _____

Province / City: _____ Post Code: _____ Country: _____

E-Mail Address: _____

Tel: _____ Fax: _____

Exam month

January _____ April _____ July _____ October _____

<u>Diploma Courses</u>	<u>CIBTAC Code</u>	<u>Examination Fees</u>
<input type="checkbox"/> CIBTAC Registration Fee		1,700 Baht
<input type="checkbox"/> Late Registration Fee		1,700 Baht
<input type="checkbox"/> Double Late Registration Fee		1,700 Baht
<input type="checkbox"/> Anatomy & Physiology (CSA 101)	E016	4,200 Baht
<input type="checkbox"/> Body Massage (CSA 102)	E017	5,900 Baht
<input type="checkbox"/> Skin Treatments (CSA 301)	E01A	5,900 Baht
<input type="checkbox"/> Nail Treatment (CSA 310)	E02	5,900 Baht
<input type="checkbox"/> Manual Lymphatic Drainage (CSA 402)	E27	6,300 Baht
<input type="checkbox"/> Diet and Nutrition (CSA 410)	E30	4,200 Baht
<input type="checkbox"/> Theory Retake		4,000 Baht
<input type="checkbox"/> Practical Retake		4,000 Baht

TOTAL: _____ **Baht**

Language Assessment: English Thai Japanese Mandarin

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: _____