

>NEGOTIATION SKILLS FOR MAXIMIZING RETURNS

June 1 - 2, 2009

The application may be photocopied for additional participants. To ensure the accurate processing of your application, please type the information requested below.

| | | | |
|------------------------|------------------------------|------------------------------|------------------------------|
| Please check | <input type="checkbox"/> Mr. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Dr. |
| Name in Full (English) | _____ | | |
| Name in Full (Thai) | _____ | | |
| Nationality | _____ | Age | _____ yrs. |
| Position/Title | _____ | | |
| Name of Organization | _____ | | |
| Business Address | _____ | | |
| Tel. | _____ | Fax | _____ |
| E-mail | _____ | | |

Education/Training

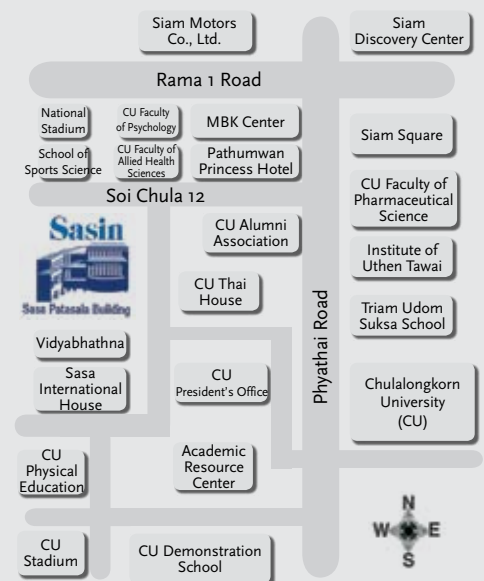
| | | | |
|------------------------|-------|-------|-------|
| Institutions Attended | _____ | Major | _____ |
| | _____ | | _____ |
| Degree/Cert. Conferred | _____ | When | _____ |
| | _____ | | _____ |

Please check the following

- A crossed check payable to Sasin is enclosed.
- I shall make full payment of registration fee before May 20, 2009. I understand that a confirmed reservation cannot be guaranteed prior to payment.
- Money transferred to The Siam Commercial Bank Public Co., Ltd., Siam Square Branch, Savings Deposit Account No. 038-2-04022-1 for Sasin Graduate Institute of Business Administration. Please fax pay-in-slip to 02.216.1314
- Vegetarian meals are preferred.
- Sasin alumni (Program Class.....)

Signature

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For further information, please contact:

Executive Education

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Website: www.sasin.edu/programs/execed/seminar/

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