



16 - 18 September 2009

Bangkok • Thailand
Queen Sirikit National Convention Center

www.medicalfair-thailand.com

PRE-REGISTRATION FORM

Be among the first 1,000
visitors to pre-register and
receive a gift when you visit!

- Please complete entire form.
 - Visitors **from Thailand**, please fax to: **(66) 2204 2586-7**
 - Other visitors, please fax to: **(65) 6337 4633**

- Or pre-register on-line at www.medicalfair-thailand.com

- Note:
1. Please pre-register by **31 August 2009**
 2. Please photocopy this form if you need more copies.
 3. Admission by registration. Admits all involved in medical and health care.
 4. Dress code: Office attire

Please fill in details or attach business card

Title: Mr / Mrs / Ms / Dr / Others, please specify: _____

Name in Full: _____ *please underline surname*

Job Title: _____

Company: _____

Address: _____

Region/Province: _____ Zip/Postal Code: _____ Country: _____

Tel: (_____) (_____) _____ Fax: (_____) (_____) _____
country code area code country code area code

E-mail: _____

Please indicate with (✓) a tick.

Did you visit **HOSPIMedica THAILAND** in 2007?

Yes No

ABOUT MY COMPANY

1a. Ownership of Company

- 01 Locally Owned
- 02 Foreign Owned
- 03 Local-Foreign Joint Venture

1b. Your Organization Type

- 01 Public Hospital
- 02 Private Hospital
- 03 University / Teaching Hospital
- 04 Clinics / Polyclinics / Medical Centre
- 05 Laboratories
- 06 Nursing Home
- 07 Rehabilitation Centre
- 08 Wellness Centre
- 09 Associations
- 10 Government / Ministry Offices
- 11 Hospital Planner / Turnkey Contractor
- 12 Procurement Agency
- 13 Manufacturer / Producer
- 14 Distributor / Representative
- 15 Trader, Importer & Exporter, Wholesaler
- 16 Others (please specify)

ABOUT MYSELF

2a. Your Primary Job Function: (Please tick one only)

- 01 Hospital Administrator / Director
- 02 Medical Practitioner
- 03 Head of Department
- 04 Specialist Surgeon
- 05 Nursing Staff
- 06 Pharmacist
- 07 Purchasing
- 08 CEO / Managing Director / Director
- 09 Sales & Marketing
- 10 Engineer / Technician
- 11 Others (please specify)

2b. Your Area of Speciality :

- 01 Anaesthesiology
- 02 Cardiology
- 03 Clinical Laboratory
- 04 Communication & Information Technology
- 05 Emergency Room Specialist
- 06 Gastro-Enterology
- 07 General Medicine
- 08 Hospital Administration / Purchasing
- 09 Intensive / Critical Care
- 10 Internal Medicine
- 11 Neurosurgery
- 12 Nursing

- 13 Obstetric & Gynaecology
- 14 Orthopaedics
- 15 Ophthalmology
- 16 Oncology
- 17 Otolaryngology Surgery
- 18 Pharmacy
- 19 Physiotherapy
- 20 Radiology / Imaging
- 21 Respiratory Medicine
- 22 Urology
- 23 Others (please specify)

2c. Your Product Interest :

- 01 Accident & Emergency Equipment
- 02 Building Technology & Services
- 03 Catering & Kitchen Equipment
- 04 Communication & Information Technology
- 05 Dental Equipment & Supplies
- 06 Diagnostics
- 07 Disinfection & Disposable Systems
- 08 Electromedical Equipment / Medical Technology
- 09 Fabrics / Laundry
- 10 Medical Furniture & Equipment
- 11 Laboratory Equipment
- 12 Medical Consumables
- 13 Ophthalmic Supplies
- 14 Rehabilitation Equipment / Orthopaedic Supplies
- 15 Pharmaceutical Supplies
- 16 Services & Publications
- 17 Others (please specify)

2d. Please Indicate the Purpose of Your Visit :

- 01 Gather Information
- 02 To Purchase
 - Likelihood of Purchase
 - immediate
 - within six months
 - within one year
 - not known at this point in time
- 03 Seek Representation
- 04 Visit Suppliers
- 05 Evaluate for Future Participation
- 06 Others (please specify)

2e. How Did You Find Out About This Event?

- 01 Invitation from Organisers
- 02 Invitation from Exhibitors
- 03 Newspapers
- 04 Direct Mailing
- 05 Trade Publications
- 06 Colleagues
- 07 Associations
- 08 Internet
- 09 Others (please specify)

2f. What are some of the publications you read to update yourself on the medical and healthcare industry?

2g. Please Indicate Your Role in Purchasing

- 01 Final Decision
- 02 Significant Influence
- 03 Initial Recommendation
- 04 Research New Products
- 05 Not Applicable

2h. Are you interested to receive information on:

MEDICA (Düsseldorf, Germany)

[] Exhibiting [] Visiting

REHACARE INTERNATIONAL (Düsseldorf, Germany)

[] Exhibiting [] Visiting

MEDICAL FAIR ASIA 2010, Sept (Singapore)

[] Exhibiting [] Visiting

MEDICAL FAIR AUSTRALIA 2010, May (Sydney)

[] Exhibiting [] Visiting

MEDICAL FAIR THAILAND 2011 (Bangkok)

[] Exhibiting [] Visiting

BUSINESS MATCHING

I am interested to

[] purchase [] receive information on:

Please list products/services below.

1. _____
2. _____
3. _____

I am interested to meet the following companies:

Exhibiting Company (please list below)

1. _____
2. _____
3. _____

(For an updated list of exhibitors, please visit www.medicalfair-thailand.com)

Disclosure

Your contact details may be made available to the exhibitors for the Business Matching Programme. If you wish to keep your contact details confidential, please tick below:

[] Please do not disclose my contact details