



College of Health Science Savannakhet, Lao PDR

September 28, 2015

Dear Director of Boromarajonani College of Nursing, Udonthani

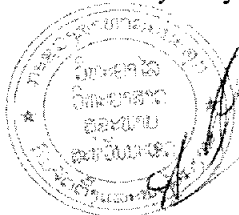
Subject: Invitation to attend the international symposium "Building Value Based Partnerships through Health Professional and submit the research to presentation

College of Health Sciences Savannakhet, Lao PDR and Boromarajonani College of Nursing Sanpasithiprasong, Thailand are co-host for the international symposium "**Building Value Based Partnerships through Health Professional**" that will be held on October 21-22, 2015 at College of Health Sciences Savannakhet, Lao PDR. The objective of this international symposium meeting is to share academic knowledge as to Transformative education, Health promotion & health Innovation, and humanize health care. Additionally, to establish network and to extend the collaborations of academic health professional among the ASEAN country members in accordance with the ASEAN strategic plan.

On behalf of College of Health Sciences Savannakhet, Lao PDR, and Boromarajonani College of Nursing Sanpasithiprasong, Thailand, I therefore wish to formally invite faculties from your institute to attend the symposium and research presentation on October 21-22, 2015. More information of schedule programs and document are enclosures. Please contact Ms. Apiradee Charoennukul via Email address: [apiradee-c@hotmail.com](mailto:apiradee-c@hotmail.com) before October 6, 2015. The costs of your travel, border pass fee, accommodation, subsistence expenses, and registration fee related to your attend the symposium will be reimbursed from your institute.

I very much hope that you are able to accept the invitation, and I am looking forward to welcoming your team in College of Health Sciences Savannakhet, Lao PDR.

Very truly yours



(Dr. Sounthone Phothisane)

Director of College of Health Sciences Savannakhet

- Enclosures,** 1. Schedule program of Building Value Based Partnerships through Health Professional Association of South East Asian Nations: ASEN Health Professional on October 21-22, 2015  
2. Registration form  
3. Abstract form  
4. Accommodation reserve form

Research and international relations department

[www.bcnspresearch.org](http://www.bcnspresearch.org)

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Apiradee Chareonnukul

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## **Building Value Based Partnerships through Health Professional**

### **Association of South East Asian Nations: ASEN Health Profession**

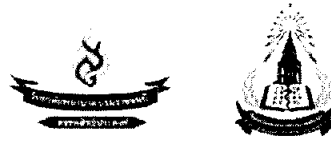
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#### **October 21, 2015**

- 08.00 - 12.00 am: Graduate Ceremony of Savannakhet College of Health Science  
*(PBRI Team & NecNet Team are the special guests in this ceremony)*
- 12.00 - 13.00 am: Lunch
- 01.00 - 04.00 pm: Building Value Based Partnerships  
Welcome speech;  
*Director of Savannakhet College of Health Science*  
Group 1: Meeting, Sharing in Educational, and Research Collaboration  
(Teacher & Personnel)  
Group 2: Community Learning (Student)  
*Poster Set-Up (for presenters on the 22<sup>th</sup> October)*
- 06.00 – 08.00 pm: Welcome Dinner  
-Performance Event

#### **October 22, 2015**

- 07.30 - 08.00 am: : Registration / Poster Session
- 08.00- 08.30 am: : Opening Ceremony  
Opening keynote speaker
- 08.30- 08.50 am: : **“Mekong Subregion Collaboration”**  
*Deputy Minister of Public Health, Laos*
- 08.50- 09.20 am: : **“Educational & Research Collaboration”**  
*Dr.Paisahn Kuaaroon*  
*Director of PBRI, Ministry of Public Health, Thailand*
- 09.20 - 10.00 am : Break / Poster Session



## **Building Value Based Partnerships through Health Professional Association of South East Asian Nations: ASEN Health Profession**

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10.00 - 12.00 pm : Concurrent Session (Oral Presentation)

1. Transformative Education
2. Health & Public Health
3. Humanize Health care
4. Health Innovation

12.00 - 13.00 am : Lunch

### **Remark : October 21, 2015**

Morning & Afternoon Session: Formal Dress

Welcome Dinner: National Costume

### **October 22, 2015**

International symposium: Formal Dress or Institute uniform

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## Registration Form/แบบตอบรับเข้าร่วมนำเสนอผลงานวิจัย/ ประชุมวิชาการ

Please fill your information in English (CAPITAL LETTERS ONLY)

กรุณากรอกข้อมูลของท่านเป็นภาษาอังกฤษ (ตัวพิมพ์ใหญ่เท่านั้น)

TITLE: ☐ DR. ☐ MR. ☐ MRS. ☐ MS. ☐ OTHER SUFFIX (PLEASE SPECIFY) \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ORGANIZATION / INSTITUTE: \_\_\_\_\_

DEPARTMENT / FACULTY: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE \*: \_\_\_\_\_ MOBLIE PHONE \*: \_\_\_\_\_

FAX \*: \_\_\_\_\_ (\*WITH COUNTRY AND AREA CODE)

### Registration types

- ☐ Presenter  
☐ Attendant

### Presentation types

- ☐ Oral Presentation  
☐ Poster Presentation

### Sub – theme

- ☐ Transformative Education  
☐ Health & Public Health  
☐ Humanize health care  
☐ Health Innovation

Please return to email: [apiradee-c@hotmail.com](mailto:apiradee-c@hotmail.com) or fax back to Fax to: 66 45255709 – 201, 66 45255462 - 201

Within **Tuesday 6, October 2015**

สารรองด่วน! ส่งกลับที่อีเมล [apiradee-c@hotmail.com](mailto:apiradee-c@hotmail.com) หรือแฟกซ์ 66 45255709 – 201, 66 45255462 - 201  
ภายในวันอังคาร ที่ 6 ตุลาคม 2558

For more information, please Contact to email: [apiradee-c@hotmail.com](mailto:apiradee-c@hotmail.com) Tel: 66 863640121  
สอบถามข้อมูลเพิ่มเติม กรุณาติดต่อ อ.อภิรดี เจริญกุล Tel: 66 863640121



**Registration fee/ ข้อมูลการลงทะเบียนเข้าร่วมประชุมวิชาการ**

<b>Registration Types</b> ประเภทการลงทะเบียน	<b>(THB) / 1 person</b> <b>*ราคา (บาท) / ต่อ 1 ท่าน</b> <b><u>Payment may also be made in conference day @</u></b> <b><u>Savannakhet College of Health Science</u></b>
Nursing Instructor, Health Personnel	1,000
Nursing Student	500

**Institute** \_\_\_\_\_

Order	Name	Surname	E-mail address	Status (Instructor, Student)

**Oral Presentation Guidelines**

**Timing of Oral Presentations**

12 minutes to present

3 minutes for Q&A

**Speaker Ready Room:**

All speakers must check in at the **Speaker Ready Room** preferably the day before your session to preview your presentation. If you are checking in on the day of your session, please come by at **least 2 hours** prior to the start of your session. Technicians will assist with the upload of your files and provide the opportunity to preview and/or edit the presentation as necessary. If you are unavoidably delayed, you must still go directly to the Speaker Ready Room. Do not bring a laptop or other media device directly to the session room.

We look forward to welcoming you to this conference

Hoping to see you all in Laos PDR.



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**[Times New Roman 14 Bold] Title of Submission for the ASEN Health  
Profession**

**Abstract: Maximum of two lines**

First F. Author<sup>1</sup>, Second S. Author<sup>2</sup> and  
Third T. Author<sup>1,\*</sup>  
[Times New Roman 12 Regular]

<sup>1</sup>Affiliations First and Third Author <sup>2</sup>Affiliation Second Author  
(Affiliation including Department, Institution, City Postcode, Country)

\*Corresponding author: e-mail address  
[Times New Roman 10 Regular]

***Abstract***

*[Times New Roman 10 Italic]Write a brief summary of your work. We will use this brief summary and the highlights to produce a program overview that will be provided to all attendants in hard copy during the conference. The program overview will contain the title, authors, affiliations and this summary. There is a strict 1 pagelimit of for this summary.*

*(Abstract does not exceed 300 words and should be in left-aligned and 1 line spacing format.)*

***Keywords***

Insert a maximum of 4 keywords, separated by comma. (,)

แบบตอบรับการจองที่พัก

เข้าร่วมประชุม

**Building Value Based Partnerships through Health Professional**

**Association of South East Asian Nations: ASEN Health Profession**

ระหว่างวันที่ 21-22 ตุลาคม 2558

ณ Savannakhet College of Health Science, Laos PDR

วิทยาลัยพยาบาล.....

รายชื่อผู้เข้าพัก

1. ชื่อ.....นามสกุล.....ตำแหน่ง.....
2. ชื่อ.....นามสกุล.....ตำแหน่ง.....
3. ชื่อ.....นามสกุล.....ตำแหน่ง.....
4. ชื่อ.....นามสกุล.....ตำแหน่ง.....
5. ชื่อ.....นามสกุล.....ตำแหน่ง.....
6. ชื่อ.....นามสกุล.....ตำแหน่ง.....

ผู้ประสานงานของวิทยาลัยฯ

ชื่อ.....นามสกุล.....

หมายเลขโทรศัพท์.....

หมายเหตุ

1. โปรดระบุวันที่เข้าพักวันที่.....ต.ค.2558 ออกวันที่.....ต.ค.2558
2. สอบถามรายละเอียดเพิ่มเติมที่ อ.สอาด มุ่งสิน โทร. 089 657 5348