

# REGISTRATION FORM

*(Please type or print)*

In order to facilitate administrative arrangements on your behalf, please complete and return this form to Mr. Wansao Chaiyakul, Secretary, Conference Committee, at the Conference Secretariat (see address above). Please complete all the items listed below:

## A. Personal Information:

Name:

.....

(Please write family name/surname in block letters)

Sex: .....

Date of Birth:	Date	Month	Year

Official Designation:

.....

Organization you will be representing:

.....

Mailing Address:

.....

Telephone(s):

.....

Fax:

.....

Email:

.....

Website:

.....

**B. Disability Related Information:**

(If you are a person with a disability, please provide the following information)

Type of Disability:

.....

If you use any aids and/or appliances, please provide the details:

.....

If you require any special needs services and/or special assistance, please provide details:

.....

If a personal attendant will accompany you, please provide the details:

Name:

.....

Sex:

.....

(Note: Any additional companion/s, apart from personal attendant, will need to register individually)

**C. Health related information:**

If you have any health/medical condition whatsoever, which you feel the organizers should be aware of, and be prepared for, please provide the details:

.....  
.....  
.....

**D. Food/Diet Related Information:**

If you have any food/dietary reservations/restrictions, please provide the details:

.....  
.....  
.....

If you have any food/dietary allergies whatsoever, which you feel the organizers should be aware of, and be prepared for, please provide the details:

.....  
.....  
.....

**E. Accommodation Related Information (for participants coming from abroad):**

If you want the organizers to arrange accommodation for you during the event, on your behalf, please write “yes” here:

.....  
 If you have written “yes” above, please inform how much (in US Dollars) you would be willing (at the most) to spend on accommodation per day:  
 USD.....(maximum)

Would you be willing to share your room with other participants?  
 .....

**F. Language Related Information (for participants coming from abroad):**

If you would prefer simultaneous interpretation of the proceedings of all working sessions in any international language other than English, please write “yes’ here:  
 .....

In which international language would you prefer interpretations:  
 .....

**G. Passport Related Information (for participants coming from abroad):**

Nationality:				Place of Birth:			
Passport Number:				Place of Issue:			
Date of Issue:	Date	Month	Year	Date of Expiry:	Date	Month	Year

Signature of the Participant

Date:.....

(For overseas participants, and if Registration is completed by E-mail, Signature will not be required)

Name, Title and Signature of the Designating Official

Date:.....

(For overseas participants, and if Registration is completed by E-mail, Signature will not be required)