

18th ASEACCU CONFERENCE 2010

Assumption University, Bangkok, Thailand

26-28 August 2010

REGISTRATION FORM

Please complete all the information requested and circle or tick the boxes where appropriate.

Name of Institution or University _____

YES, will send delegation. (A maximum of 4 delegates from each university) NO, will not send delegation.

If NO, fax this uncompleted form to the number below.

If YES, please proceed in completing this form, one form for each delegate. Please copy this form if necessary.

PERSONAL AND CONTACT INFORMATION: Please write your name below as it appears on your passport.

Last Name _____ First Name _____ Middle Name _____

Title: Mr. / Ms. / Fr. / Dr.

Write your name as you would like it to appear on your conference name card _____

Institution _____ Position _____

Contact Address _____

City _____ Zip Code _____ Country _____

Include country and area codes for Phone No. _____ Fax No. _____

E-mail Address _____

Preferred method of communication E-mail Fax Phone Post

ADDITIONAL INFORMATION FOR VISA APPLICATION

Birthday (Day/Month/Year) _____ Nationality (Write the name of your country.) _____

Home Address _____

City _____ Zip Code _____ Country _____

DIETARY REQUIREMENTS

Vegetarian Others, please specify

CONFERENCE FEES from the 26th to the 28th include accommodation and food expenses and cultural tour and should be paid by cash at the registration table on **26th August 2010** From 09:00-16:00hrs. Accommodation for the **25th August 2010** exclusive of food can be reserved for an **additional THB 1,000 for teachers and THB 250 for students.**

Teachers /Administrators /Staff (THB 12,000) Students (THB 6,000)

ACCOMMODATION: A single room will be provided for the following dates.

Please indicate the dates of your stay and your preference if any. 25th 26th 27th 28th

Please **Fax or E-mail** the completed form and mail the original form by **30 July 2010** to the office address:

ASEACCU 2010 Conference Officer, Office of International Affairs, Assumption University,

Ram Khamhaeng Rd. Soi 24, Hua Mak Campus, Bangkok, Bangkok, 10210, Thailand

Fax: +66-(0)2-719-0482 E-mail: tanyaptt@au.edu Phone: +66-(0)2-300-4543 Ext :1306

If you have any questions or concerns, please call Dr. Warayuth Sriwarakuel at Phone: +66-(0)2-300-4543

Ext :1325