



MINISTRY OF FOREIGN AFFAIRS
OF THE KINGDOM OF THAILAND



REGISTRATION FORM

THE BANGKOK SYMPOSIUM ON LANDMINE VICTIM ASSISTANCE: ENHANCING A COMPREHENSIVE AND SUSTAINABLE MINE ACTION

Bangkok, 14 - 17 June 2015

Please fill (in capital letters) and return the completed form to
isu@apminebanconvention.org and bkksymposium2015@gmail.com by 1 June 2015.

1. DELEGATE DETAILS		
Country		
Title	<input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> Other ()	
Name	First Name	
	Middle Name	
	Last Name	
Organization		
Job Title/Position		
Work Address		
Telephone No.	Work:	Mobile :
Fax No.		
E-mail		
Passport Type		
Passport Number		
Passport Issued by		
Passport Expiration Date		

2. FLIGHT INFORMATION (if apply)		
ARRIVAL in Bangkok	Flight Number (Place of Embarkment)	Date & Time
DEPARTURE from Bangkok	Flight Number	Date & Time

3. HOTEL RESERVATION

Hotel	<input type="checkbox"/> Pullman Bangkok King Power (Meeting Venue) <i>Please make reservation to the hotel directly by filling the attached form</i> <input type="checkbox"/> Other _____ (Please indicate)
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Participants should make their own reservations using the attached reservation form.
For more details about the reservation, please see the administrative arrangement.

4. WELCOMING RECEPTION (14 June 2015)

<input type="checkbox"/> I will attend the reception	<input type="checkbox"/> I will <u>not</u> attend the reception
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5. SPONSORSHIP (for limited number of eligible countries)

<input type="checkbox"/> I wish to request for sponsorship	<input type="checkbox"/> I do <u>not</u> wish to request for sponsorship
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6. FIELD TRIP (16-17 June 2015)

<input type="checkbox"/> I will join the field trip	<input type="checkbox"/> I will <u>not</u> join the field trip
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※ Field Trip to Surin Province, which will be fully sponsored by the Ministry of Foreign Affairs of Thailand, will take place on 16-17 June 2015. Maximum number of participants will be limited at 60 delegates on a first-come, first-served basis.

7. FOOD RESTRICTION

<input type="checkbox"/> I have <u>no</u> food restriction(s)	<input type="checkbox"/> I have food restriction(s) Please provide details
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8. ACCESSIBILITY REQUIREMENTS

<input type="checkbox"/> I do <u>not</u> have an accessibility requirement.	<input type="checkbox"/> Please take into account the following requirement(s) :
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Signature: _____

Date: _____
