Symmetry 2019 Conference --- Registration Form

14-18 January 2019

Suranaree University of Technology, Nakhon Ratchasima, Thailand

Please save the completed form to disk and e-mail to symmetry.2019@gmail.com

1. Personal Data	* Required Field	
Title First Name/ Given Names*	(Dr./Prof./Mr./Ms./Mrs.)	
Last Name*		
Email Address*		
Position		
Address*		
Postcode*	City*	
Country*		
Phone Number	(+66) 234 57899	
Position		
Registration Type*		
paid. Room rates room at the confe	e university hotel and are guaranteed only once the registration fee has been as may fluctuate depending on the currency exchange rate. Please pay for your berence site with cash or credit card. Room rate includes breakfast. You will need asport at the hotel registration desk.	
	Arrival Date: Departure Date:	
I will share the		
Please indicate whether you will occupy the room alone, or share with another person. This second occupant should NOT make a room reservation		
Name of the 2 nd occupant (if any)		

If you intend to share your room with another person, please indicate his/her name here.

3. Travel Details		
Airport pickup requested*		
conference site on Sunda your flight details below. T	ce from Bangkok's Suvarnabhumi Airport (BKK code) to the ay, January 13, 2019. This requires that you inform us about The cost is 800 THB (US\$25) per person to be paid in cash ence site. Tentative airport pickup times are 13.00 (1pm) and	
Number of seats to be reserv	ved	
Arrival Flight Number		
4. Accompanying Persons		
I wish to register an accompanying person*		
THB which covers lund	companying person needs to pay a registration fee of 4800 ches, dinners, the banquet and the half-day excursion. ng persons will not receive any of these services.	
First Name/		
Given Names		
Last Name		
Additional Requests (if any)		

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If there is any change in travel plans, please advise us at you earliest convenience.