**The 10th International Conference** **on Environmental and Rural Development  
 in conjunction with the 2nd Nontri International Conference**

**Kasetsart University, Chalermphrakiat Sakon Nakhon Province Campus, Thailand**

**15th – 16th February 2019**

**CONFERENCE PARTICIPATION FORM**

*Please fill-up this form and send to the 10th ICERD Organizing Committee through Conference secretariat at e-mail* [***10thicerd@gmail.com***](mailto:10thicerd@gmail.com) *by* ***10th January 2019.***

|  |  |
| --- | --- |
| **Personal and Contact Information** | |
| Title | Click here to enter text. |
| First name | Click here to enter text. |
| Middle name | Click here to enter text. |
| Family name | Click here to enter text. |
| Position | Click here to enter text. |
| Department/Unit | Click here to enter text. |
| School/Group | Click here to enter text. |
| University/Institute/College | Click here to enter text. |
| Bureau/Organization | Click here to enter text. |
| Address | Click here to enter text. |
| Telephone/Mobile | Click here to enter text. |
| E-mail | Click here to enter text. |
| Nationality | Click here to enter text. |
| Passport no./ID no. | Click here to enter text. |
| Abstract no. | Click here to enter text. |
| Dietary requirements | Click here to enter text. |
| **Type of Registrant** | |
| 🞎 Professional 🞎 Student\* 🞎 Listener/Accompanying person  *\*Please enclose proof of status, i.e. copy of student ID, etc.* | |
| **Objective(s)** | |
| I 🞎 join the conference welcome dinner (14th February 2019, evening)  🞎 attend only the scientific program (15th February 2019)  🞎 make a presentation by oral or poster  🞎 submit full paper  🞎 join in the conference awarding ceremony and banquet (15th February 2019, evening)  🞎 join in the post-conference ***local*** excursion (16th February 2019) – Free of charge  🞎 join in the post-conference ***abroad*** excursion (16th – 17th February 2019) – 150 USD  with minimum 30 participants  🞎 Others (please specify) ……………………………………………………………………………………………. | |
| **Title of oral and poster presentation** | |
| Abstract code | Click here to enter text. |
| Title of abstract | Click here to enter text. |
| Thematic area | Click here to enter text. |
| **Accompanying person during the excursion (If any)** | |
| Name | Click here to enter text. |
| Relationship | Click here to enter text. |
| **Accommodation (during the conference)** | |
| 🞎 @SAKON 🞎 The Majestic hotel 🞎 Choke Dee Place  Other, Please specify  Name of hotel: Click here to enter text.  Address: Click here to enter text.  Telephone: Click here to enter text. | |
| Check-in date and time | Click here to enter text. |
| Check-out date and time | Click here to enter text. |
| **Travel details (Sakon Nakhon Airport)** | |
| Arrival date | Click here to enter text. |
| Arrival time | Click here to enter text. |
| Flight no. | Click here to enter text. |
| Departure date | Click here to enter text. |
| Departure time | Click here to enter text. |
| Flight no. | Click here to enter text. |
| Do you need airport pick up for arrival? | 🞎 Yes 🞎 No |
| Do you need airport pick up for departure? | 🞎 Yes 🞎 No |
| Other notification | Click here to enter text. |

…………………………..

Signature

Date (dd/mm/yy) …………………………………