

## **APMP 2010: REGISTRATION FORM**

(Please use block letters)
Please submit the registration form by 15 October 2010

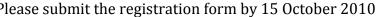


Please provide your personal in											
TITLE: Prof.	☐ Dr. ☐ Mr.	☐ Ms. ☐ Other									
FAMILY NAME:											
FIRST NAME:											
MIDDLE NAME:											
E-MAIL:											
Please provide the address to I	pe mentioned on the paymo	ent receipt.									
NAME OF AFFILIATION:	,										
STREET ADDRESS:											
CITY:		STATE:									
COUNTRY:		ZIP:									
TELEPHONE:		FACSIMILE:									
SECTION 2: OPTIONAL	OPTIONAL INFORMATION										
Lab Visit	INTORMITTON										
Could you please select the lab	visit session you would like	e to join?									
☐ Lab Visit 1 on Tuesday 16 No			etings)								
☐ Lab Visit 2 on Saturday 20 N	ovember 2010 (intended fo	r participants of GA, Direct	or meeting and for all EC participants)								
Dinner, Banquet and Recept											
Please select the ones you wou	ıld like to join. <i>You could se</i>	elect more than one.									
☐ Reception Cocktail (14 Nove	mber 2010, for all delegate)	TC/DEC Dinner (15	November 2010, for all TC/DEC delegates)								
☐ EC Dinner (16 November 20	110, for all EC members)	☐ Symposium Dinner	(17 November 2010, for all delegates)								
☐ GA Dinner (18 November 2	010, for all GA delegates)										
Transportation											
Please provide your arrival and	I departure information.										
ARRIVAL DATE:		ARRIVAL TIME: (BAN	GKOK TIME)								
ARRIVAL FLIGHT NUMBER:											
DEPARTURE DATE:		DEPARTURE TIME: (B	SANGKOK TIME)								
DEPARTURE FLIGHT NUMBER:											
We will provide you a complem	nentary transportation bety	ween airport and conferen	ce venue. Would you like to use our								
service (free of charge)?											
☐ From airport to conference	venue	rom conference venue to ai	irport								
			ne schedule will be announced on the								
conference website and will be	sent to your e-mail address	after October 15 <sup>th</sup> , 2010.									
<u>Food</u>											
☐ Vegetarian Foods	☐ Halal Foods	☐ No Seafood	☐ Diabetes Foods								
☐ Specify other needs :											
<u>Health</u>											
☐ Heart Disease	☐ High Blood Pressure	☐ Asthma	Diabetic								
☐ Epilepsy	☐ Specify other health conditions :										
Souvenir We are preparing the conferen	co nolo chirte - Ma would b	o greatly approxiated if we	ou could give us the size you prefer. (The								
· · · · · ·	-										
number in each parenthesis indicates the length of circumference of the chest in the unit of millimeter )  MEN $\square$ S (940) $\square$ M (1040) $\square$ L (1140) $\square$ XL (1240) $\square$ 2XL (1340) $\square$ 3XL (1440) $\square$ 4XL (1540)											
_ , , _		XL (1140)									
2 2 (0.0)	(- :-/	( ()	_ 3.12 (23.13)								



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OD APMP 31	Please submit the registration form by 15 October 2010						APMP 2010			
SECTION 3: REGIST	TRATION PACKAGE						711 WII 2010			
	ckage (Please select only	one)								
Package 1: TC/DEC/EC Meetings and Symposium <sup>1</sup> (150 USD)										
☐ Package 2: GA and Symposium <sup>2</sup> (150 USD)										
☐ Package 3: TC/DEC/EC Meetings, GA and Symposium (200 USD)										
Please indicate the number of your companions:			□ 0	□ 1	□ 2	□ 3	□ 4			
(50 USD for each comp	anion)³									
Workshop										
Could you please select workshop(s) you wish to attend?										
You could select more than one but please make sure that you do not select workshops with conflicting schedules.										
☐ W-1. APMP 5th Pressure & Vacuum Symposium (11 to 12 November 2010, 100 USD)										
☐ W-2. APMP TCL Workshop: CMM Technology (12 November 2010, 50 USD)										
☐ W-3. APMP TCL Workshop: Angle Standard Workshop (13 November 2010, 50 USD)										
☐ W-4. APMP TCEM Workshop (13 November 2010, 50 USD)										
☐ W-5. APMP DEC Workshop TCQM (12 to 13 November 2010, 100 USD)										
☐ W-6. APMP TCAUV Workshop(19 November 2010, <b>50 USD</b> )										
☐ W-7. APMP TCPR W	orkshop (13 November 201	0 [Afternoon 0	Only, Lunch I	ncluded], <mark>30</mark> l	USD)					
For more detail regarding workshops' schedules, please visit our website at http://apmp2010.nimt.or.th										
TC / WGMM / Meetings and Symposium (Please ignore this section if you select package 2)										
Could you please selec	t the TC meetings you wou	ld like to atter	nd?							
☐ TCAUV	☐ TCEM	☐ TCFF		☐ TCL		☐ TCM				
☐ TCPR	☐ TCQM	☐ TCQS		☐ TCRI		□ тст				
☐ TCTF	☐ WGMM									
EC / DEC/TCC	You can select more than one.									
	☐ TCC	☐ DEC								
SECTION 4: PAYMENT METHOD										
Payment by bank transf	er (All charges payable dire	ectly by the pa	iyer) :							
Account Name :	National Institute of Metrology (Thailand)									
Account Number :	148-0-29854-9									
Bank Name:	KRUNG THAI BANK PUBLIC COMPANY LIMITED									
Bank Branch :	Rungsit-Nakhonnayok Klong 4									
Bank Address :	91 Moo 2, Rungsit-Nakhonnayok Rd., Bungyeeto, Tanyaburi, Pathumthani 12130, THAILAND									
wift Code: KRTHTHBK										
<ul> <li>For bank transfer payments, the registration form and accompanying information form must be filled in and returned either by facsimile or electronic mail by October 15<sup>th</sup>, 2010 along with a copy of bank transfer receipt (Please add</li> </ul>										
"Attention APMP2010 Secretariat" ).										

E-mail: <a href="mailto:secretariat.apmp2010@nimt.or.th">secretariat.apmp2010@nimt.or.th</a>

Facsimile: + (66) 2577 - 3658

<sup>&</sup>lt;sup>1</sup>Registration fee for TC/DEC/EC meetings covers the reception cocktail, the TC/DEC dinner and/or the EC dinner, and the symposium dinner.

 $<sup>^{\</sup>rm 2}$  Registration fee for GA  $\,$  covers  $\,$  the symposium dinner and GA dinner.

<sup>&</sup>lt;sup>3</sup> Registration fee for an accompanying person covers only the symposium dinner.