The Surveying Camp 2019

PHOTO

Organized by the Office of International Relations and Faculty of Engineering

21st - 30th October, 2019 , Rajamangala University of Technology Lanna, Lampang, Thailand

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| PARTICIPANT APPLICATION AND REGISTRATION FORM | | | | |
| A: PERSONAL PARTICULARS | | | | |
| Name (as in identity card/passport): | | | MOU Member: □ YES □ NO | |
| Gender: | Date of Birth: | | | Country of Birth: |
| Nationality: | | | | Religion: |
| Home Tel: | Mobile phone no: | | | Email address: |
| Address: | | | | |
| Name of Institution: | | | | Course of Study and Year: |
| Language(s) Written:  Language(s) Spoken: | | | | |
| Passport no:  \*Please attach photo/scan of information page of passport. | Date of issue: | | | Date of expiry:  \*Passport must be more than 6 months valid from date of travel |
| T-shirt size: | Dietary preference: Vegetarian / Halal / No preference | | | |
| Flight No. (Arrival) | | Flight No. (Departure) | | |
| B: MEDICAL AND HEALTH RECORDS | | | | |
| Blood type : \_\_\_\_\_\_ | | | | |
| It is particularly important that any pulmonary, nervous or mental trouble, asthma related respiratory disorder, cardiovascular problem, previous prolonged ill-health, allergy, etc. should be stated. | | | | |
| Description of any drug allergy: | | | | |

Deadline: The deadline of application and submission is not later than 30th September, 2019 and send to

**interrmutl@gmail.com**

|  |  |  |
| --- | --- | --- |
| C.EMERGENCY CONTACTS | | |
| 1st Emergency Contact Person: | | |
| Full Name :  (Please underline Surname) | | Relationship: |
| Mobile: | Home: | Email: |
| Language(s) Spoken: | | |
| 2nd Emergency Contact Person: | | |
| Name:  (Please underline Surname) | | Relationship: |
| Mobile: | Home: | Email: |
| Language(s) Spoken: | | |
| D: DECLARATION | | |
| I declare that the above statements and those on the attached sheets are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact. I allow the organizer to use this information in anyway deemed necessary for the purpose of facilitating my application for the Conference.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant and Date | | |
| E: PARENT’S/GUARDIAN’S CONSENT | | |
| University  Name  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent to the (Name in Capital letters as in your identity document) (Identity document No)  Participation of my child in the ASEAN Vocational and Engineering Camp 2016 to be held in Thailand from 3rd-10th July, 2016 (includes travelling between home country and Thailand).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/ Guardian\* and Date  Name | | |

Endorsed by (For authorized representative only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

Position

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualification:** Open to 3rd – 4th year engineering student or other related fields.

**ALL DELEGATES MUST ARRIVE IN CHIANG MAI**

**ON 20th October, 2019**

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