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| **logogreen**Asia-Pacific Telecommunity | **5th APT Preparatory Meeting for WCIT-12 (WCIT12-5)**30 October to 1 November, 2012, Bangkok, Thailand |
| **ATTENDANCE FORM****Please complete using CAPITAL LETTERS Last Date of Submission:****Incomplete forms will not be accepted 15 October 2012** |
|  **PERSONAL INFORMATION:**  |
| **First Name (Mr./Ms./Mrs/Dr.)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name** **Administration/Organization** **Present Post (Title)** **Business Address**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax No:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Are you representing your Country’s Administration?** : 🖵 Yes 🖵 No **If “Yes” what’s your position in delegation:** 🖵 Head of Delegation (HoD) 🖵 Alternate HoD 🖵 Delegate |
| **MEMBERSHIP STATUS: (Please tick which is appropriate for your membership status. Non-Members please contact the APT Secretariat for participation with Registration Fees.)** |
| 1. 🖵Member 2. 🖵Associate Member 3. 🖵 Affiliate Member 4. 🖵International/Regional Organization 5. 🖵Non Member  |
| **PASSPORT INFORMATION FOR VISA: (Provide only if you need visa supporting letter)**  |
| Passport No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date Place of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Getting Visa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **FLIGHT INFORMATION:** |
| **Arrival Flight** **Departure Flight**(Flight No./Date/Time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Flight No./Date/Time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **HOTEL ACCOMMODATION: (Reservation will be done by APT Secretariat through this form)** |
| **Hotel: Rama Gardens Hotel****Room Type:** 🖵Superior Room 🖵Deluxe Room 🖵Single / 🖵Twin**Check In Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Check Out Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Payment Method:**  🖵Cash 🖵Credit Card **Credit Card no./Brand** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiry Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**For Twin booking, I will share with:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If making your own accommodation arrangement elsewhere, please indicate your contact address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please Return To:** Asia Pacific Telecommunity, 12/49 Soi 5, Chaengwatana Road, Bangkok 10210, Thailand. Fax:+662 573 7479; Email: aptastap@apt.int |