



**PARTICIPANT REGISTRATION FORM**

**Participant Registration Details:**

Family name: ..... First name: .....  Male  Female  
 Nationality: .....  
 Title:  Prof.  Dr.  Mr.  Mrs.  Ms.  Other: .....  
 Position: .....  
 Organization: .....  
 Address: .....  
 State/ Province: ..... Country: ..... Postal Code: .....  
 Telephone: ..... Fax: ..... E-Mail: .....

**Participant Category:**

Delegate (IIW Member)  Delegate (Non IIW Member)  Delegate (Hosting Society)

**Accompanying Person/s Registration Details:**

Family name: ..... First name: .....  Male  Female  
 Nationality: .....  
 Family name: ..... First name: .....  Male  Female  
 Nationality: .....  
 Family name: ..... First name: .....  Male  Female  
 Nationality: .....

**Important:**  
 I authorize the Welding Institute of Thailand (WIT) to publish my personal data in the list of participants   
 I do NOT authorize the WIT to publish my personal data in the list of participants   
 I need an invitation for visa purposes  Yes  No

Signature: ..... Date: .....

**Please complete and return the form to:**

**Welding Institute of Thailand**  
**King Mongkut's Institute of Technology North Bangkok**  
**1518 Pibulsongkram Road, Bangsue, Bangkok 10800 Thailand**  
**Phone : 66(0)-2587-7670 Fax : 66(0)-2912-2020**  
**E-mail : [iiw@welding-congress.com](mailto:iiw@welding-congress.com)**  
**Web site : [www.welding-congress.com](http://www.welding-congress.com)**