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| **Biodiversity in Asian Coastal Waters**  **Bangkok, Thailand, 3 – 7 July 2015** | | | | | | | | | | | | | |
| ***---------* Registration Form *-----------*** | | | | | | | | | | | | | |
| **Family name** | | **Other name(s)** | | | | | | | | **sex**  (click and choose) | | | |
|  | |  | | | | | | | |  | | | |
| **Organization and/or contact address** | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | |
| **E-mail** | Contact phone number during symposium (if any) | | | | | | **SCESAP member** ?  (click and choose) | | | | | **Student ?**  (click and choose) | |
|  |  | | | | | |  | | | | |  | |
| **Accommodation requirement**  (none required: ) | (2 July) | | 3 July | | | 4 July | | 5 July | 6 July | | 7 July | | (8 July) |
|  |  | |  | | |  | |  |  | |  | |  |
| **Accommodation preference**  (For a Hotel, click the **number** [**1** - **3**] of persons to occupy a room; in case of room sharing, only a responsible person should fill this out.)  Each delegate will pay to the hotel directly on arrival in Bangkok.  These are all subject to availability. | Patumwan Princess Hotel [for person(s)]  Bangkok Centre Hotel [for person(s)]  International Chula House [for  person(s)]  Chula Guest House (singles only)  Ramkhamhaeng accommodation (students only; limited availability, special discounted arrangement) | | | | | | | | | | | | |
| **Name(s) of persons sharing the same room (list ALL), if any** |  | | | | | | | | | | | | |
| **Meal requirements, if any**  (indicate if allergic to something) | vegetarian  vegan  Muslim  Hindu  other (specify;       ) | | | | | | | | | | | | |
| **Presentation choice**  (choose one) | oral  poster  none /undecided | | | | | | | | | | | | |
| (For italic terms, put <i> at the beginning and </i> at the end of the word)  (tentative) Title :  Author(s) : | | | | | | | | | | | | | |
| **Intention of manuscript submission**  **for publication in the Society’s journal** | | | | Yes  No / undecided | | | | | | | | | |
| Message/request, if any: | | | | | | | | | | | | | |
| **PayPal receipt number/transaction ID** | | | | |  | | | | | | | | |

Save the completed form as “your fullname.doc(x)”, e.g. audreyhepburn.docx and send to the Secretariat: sympo2015@scesap.org (copying disabled - sorry!) Copyright © 2013-2014 SCESAP hq