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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](mailto:aptastap@apt.int) | |