

Asia-Pacific CHRIE Youth Conference Registration
Faculty of Hospitality and Tourism, Prince of Songkla University & Siam University

Personal Information

Title: () Mr. () Mrs. () Ms. () Others (Please specify) _____

Given Name: _____ Family Name: _____

Preferred Name (For the Badge): _____

School/ Organization: _____

Mailing Address: _____ City: _____

State/ Province: _____ Zip/ Postal Code: _____ Country: _____

*Preferred Phone: () _____ Date of Birth (MMDDYYYY): _____

*Mobile: () _____ *Fax: () _____ Email: _____

*Include appropriate country, city, and area code

Preferred Method for Receiving Acknowledgement of Registration:

() Email () Fax () Mail

Do you have any special physical, dietary (for example, vegetarian, halal, kosher), or other needs:

() No () If yes, please describe: _____

Registration Fee

The conference registration fee includes welcome reception, teambuilding, half day trip and farewell dinner and opening ceremony with APacCHRIE Conference 2010

	Overseas Delegate	Thai Delegate
Standard Registration (by 15 April 2010)	() 125 USD	() 75 USD
Late Registration (by 5 May 2010)	() 150 USD	() 100 USD

Please indicate whether you would like to attend the following sessions and activities

Welcome Reception () Yes () No

Teambuilding () Yes () No

Half Day Trip () Yes () No

Farewell Dinner () Yes () No

Opening ceremony of APacCHRIE Conference 2010 () Yes () No

Remarks: * All prices are quoted in USD.

* Fees are subject to change without prior notice at the discretion of the Conference organizer

* All students are required to produce a proof of student status at the time of registration

* Applicable for one attendee only

Form of Payment

Please select a method of payment and complete your details (All payment must be made in US Dollar).

Section 1

The total payable amount will be debited from your account within 3 working days upon receiving your registration form. All credit card information will be kept confidential.

[] Master Card [] Visa (*other cards are NOT accepted)

Name on Card: _____

Credit Card Number: _____ Expiry Date (MMYY): _____

Security Code (CVV2) _____ (Last 3 Digit behind the card)

Issuer Bank Name _____ Issuer Bank Country _____

Cardholder's signature: _____ Date: _____

Note: All credit cards must be valid through the dates of the event.

Section 2

[] Transfer

Please transfer the registration fee to the account below:

Account Name: Faculty of Hospitality and Tourism

Account Number: 857-207227-2 **Bank Name:** Siam Commercial Bank Public Company Limited

Swift code: SICOTHBK

Kindly mail or fax your completed registration form and transfer form (if any) to:

APacCHRIE Youth Conference 2010, Faculty of Hospitality and Tourism, Prince of Songkla University
80 Moo 1 Vichitsongkram Rd., Kathu District, Phuket 83120

Tel: 66 76 276200 Fax: 66 76 276203 Email: apacchrie_youth2010@hotmail.com

Cancellation Policy: If cancelled before 1 April 2010, a refund will be made less USD 75 administrative charge and notice of cancellation must be received in written form. No refund is given after 1 April 2010.