

ENTRY FORM

Name of Congre	ss/Federation:						
Contact Person:							
Tel No:	el No: Fax No:			E-mail:			
No of Participan	ts: (M)		(F)				
No of Officials : (M)							
HOTEL RESEI	RVATION: CHA	AOPHYA	PARK H	IOTEL (BANC	ЗКС	OK)	
Deluxe room, Extra bed			Baht 2,100 Baht 1,000		(Approx. U\$ 60) (Approx. U\$ 29)		
Single	Double	Triple		Check-in Date		Check-out Date	
FLIGHT INFO Arrival Details:							
Arrival Date	Arrival	Arrival Time		Flight No		No of Person	
Departure Deta	ils:						
Departure Dat		Departure Time		Flight No		No of Person	

Please return this form to us by fax (662) 321-9624 or e-mail For enquiries, please contact our office: Tel: 66 81 823 7918

E-mail: <u>suwalaisatrulee@hotmail.com</u>