

REGISTRATION FORM

I. ATTENDEE INFORMATION (please type or print clearly)

First Name: _____ Middle Initial: _____ Last Name: _____

 I accepted to give us your organization profile to be published in conference documents and proceeding.

Company/Institution: _____ Position: _____

 Type: Government Business Disabled Organization Academic Other _____

 Highlight/Innovation your organization involve with people with disabilities (15 – 20 words)

Street Address: _____

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

Country: _____ Phone: _____ Fax.: _____

E-mail: _____ Additional E-mail: _____

Website : _____

In case of an emergency during the meeting, please contact:

Name: _____ Phone: _____ Relationship: _____

 Will this person be staying in your hotel room? Yes No

 Check here if you require special assistance to fully participate in the meeting (please indicate specific needs in III ADDITIONAL ITEMS).

II. REGISTRATION FEES (please **choose only one type**)

Early bird registration (10% discount):	1Apr – 15 May 2015
Regular registration (full payment):	16 May – 26 Jun 2015

ONE-DAY PASS
 8/7/15 or 9/7/15

ALL-PASS
 8 - 10/7/15

TYPE OF PARTICIPANTS :

 P1: Wasia Member 60 USD 100 USD

 P2: General Participant 70 USD 130 USD

 P3: Accompanying person for PWDs 30 USD 50 USD

TYPE OF EXHIBITOR :

 E1: PO (Free 1 Participant) 400 USD 600 USD

 E2: GO/NGO/DPO/Academic (Free 1 Participant) 200 USD 400 USD

Note: For Exhibitor type, the attendee information will be automatically registered for free participant.

For Accompanying person for PWDs you need to register PWDs then yourself, also please provide reference of PWDs as following:

Registration ID: _____

First Name: _____ Middle Initial: _____ Last Name: _____

TYPE OF ABSTRACT PRESENTER (Scheduled on 8 July) :

To submit papers in the form of research results, practical services or case studies related disability to our abstract

 review committee. By categories: Policy PWDs Capacity building Competitive PWDs Employment

 Business opportunities Technology Social Entrepreneurships

III. ADDITIONAL ITEMS
 (1) Translation Service (English to Thai)

 (2) Special needs (Braille Sign language interpreter Other : _____

(3) Food specialty (Vegetarian Specify Halal/seafood Muslim food Non vegetarian Other : _____)

(4) Hotel reservation service (please submit hotel registration form)

(5) Shuttle Bus (Airport – Hotel) Please specify your hotel: _____

Arrival Date:	Arrival Time:	Flight Number:
Departure Date:	Departure Time:	Flight Number:

(6) **GALA DINNER (Scheduled on 8 July)** Participant Seats Yes No

(7) **PATTAYA SIGHT SEEING (Scheduled on 9 July)** Please **choose only one**, if you would like to attend

Alangkarn Pattaya (15 USD) Mimosa Pattaya (15 USD) Pattaya Walking Street (Free)

(8) **STUDY TOURS (Scheduled on 10 July)** Please **choose only one**, if you would like to attend

The Population and Community Development Association (PDA)

The Redemptorist Foundation for People with Disabilities (RFPD)

Agricultural Products Trading Association of Persons with Disabilities of Rayong

Note: Additional Item(1)-(3) and (6) are *including in registration fee*, Item(4) will be *direct paid to Hotel*, Item(5) will be charged at **30 USD (round trip/person)**, this service is *free only* for *WAsia Member* Item(7) will be charged upon the entrance fee of each , for more information please see attached program

IV. RECEIVING INFORMATION

By providing your e-mail and mailing address you agree to receive e-mails and/or mail from Conference registration team, which may include, but is not limited to information regarding Sessions such as program updates, e-news, and future meetings. Yes No

V. PAYMENT INFORMATION AND TERMS & CONDITIONS

Registration Fees USD _____ + Additional Items USD _____ = Total Amount USD _____

• After submit Registration form to Conference registration team via email to

workabilityasiaconference@gmail.com we will e-mail a confirmation of your registration within 7 days

• After receive the Registration Confirmation, please transfer registration fee to the following bank information and scan/email the payment information to us for reference.

BANK TRANSFER: KASIKORNBANK (FASHION ISLAND RAMINDRA BRANCH)

ADDRESS : Fashion Island (1st Fl., #S17), Khanna Yao, Bangkok, 10230 Thailand.

BANK CODE: 004

SWIFT CODE : KASITHBK

ACCOUNT NAME : THAI WORKABILITY TRADE ASSOCIATION

ACCOUNT NO.: 806-2-06095-7

VI. CHANGES OR CANCELLATIONS

• Name changes and substitutions are not permitted.

• All cancellation and refund requests must be made in writing and sent via e-mail to

workabilityasiaconference@gmail.com

• For a full refund of the registration fee (**less a 20 USD administrative fee**) cancellation requests must be received by **May 15, 2015**.

• Cancellation requests received between **May 16, 2015 and Jun 8, 2015** will receive a refund of **50% of the registration fee**.

• Cancellation requests received after **Jun 8, 2015** will not receive a refund of the registration fee.

• All attempts will be made to process refunds within **30 days** of cancellation.

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