

**Registration Form**

**SEAGAL Workshop in Thailand**  
15-17<sup>th</sup> March 2010, Asian Institute of Technology, Bangkok, Thailand

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Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone (include country code): \_\_\_\_\_

Fax (include country code): \_\_\_\_\_

**Method of Payment: (1000 Baht)**

A. By cash at registration desk on 15<sup>th</sup> March 2010.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Workshop Coordinator**

**Dr. Nitin Kumar Tripathi**

Director, [UNIGIS@AIT](mailto:UNIGIS@AIT) Centre  
Coordinator, Remote Sensing and GIS Field of Study  
School of Engineering and Technology (SET)  
Asian Institute of Technology  
P.O. Box 4, Klong Luang, Pathumthani 12120  
THAILAND

Tel: (662) 524 6392; Fax: (662) 524 5597  
E-mail: [nitinkt@ait.ac.th](mailto:nitinkt@ait.ac.th) / [nitingis@gmail.com](mailto:nitingis@gmail.com)

**Registration Manager**

**Miss Siriwan Hassarangsee**

Tel: (668) 19037390  
Email: [shassarangsee@gmail.com](mailto:shassarangsee@gmail.com)