ASRAM2025 Invitation Letter Request Form

Regarding participants who request an invitation letter to participate in ASRAM2025, please fill out the form and submit it to asram2025@tint.or.th and cc: wasin@tint.or.th and chatchawan@tint.or.th.

Personal Information:

|  |  |
| --- | --- |
| Full Name: |  |
| Date of Birth: |  |
| Nationality: |  |
| Gender (Male/Female) |  |
| Passport Number: |  |
| Passport Expiry Date: |  |

Contact Information:

|  |  |
| --- | --- |
| Email Address: |  |
| Phone Number: |  |
| Nationality: |  |
| Position/Title:  |  |
| Affiliation Information: |  |

Event Participation Information (if any):

|  |  |
| --- | --- |
| Abstract Title (if applicable): |  |
| Special Requirements (if any): |  |

Applicant Signature ………………………………….

 (Full Name)

 (YYYY/MM/DD)