The 65th IFLA Council and General Conference August 20-28, 1999 Bangkok, Thailand

REGISTRATION AND HOTEL RESERVATION FORM

Please return this form to: Before July 1, 1999

IFLA '99 Conference Secretariat

SEAMEO Regional Centre for Archaeology and fine arts (SPAFA)

SPAFA Headquarters Building, 81/1 Si-Ayutthaya Road,

Samsen, Theves,

Bangkok 10300. THAILAND Fax: 662-280-4030 E-mail: spafa@ksc.th.com Tel: 662-280-4022-9

One copy of this Registration Form should be completed for each participant. Please use a typewriter or block letters.

Title	_ Prof.	_ Dr.	_ Mr.	_ Ms.	
Family name					
First name					
Company/Institution					
Position					
Address					
City/ Postal code					
Country					
E-mail Address					
Telephone (Country-are	ea-local)				
Fax (Country-area-local					
Accompanying Person	(s):				
Family name, First nam	e				
Family name, First nam	e				
Family name, First nam	e				
1) Registration Fees	: (Check category and	fill in the amount	to be paid) US\$	No. of Persons	US\$
_ Participant, payment	before March 15, 1999		350		
_ Participant, payment	after March 15, 1999		425		
_ Accompanying Perso	n(s), payment before M	arch 15, 1999	200		
_ Accompanying Perso	n(s), payment after Mar	ch 15, 1999	250		
2) Language Service _ English	needed: _ French	_ German		_ Russian	_ Spanish
_ Grand Pala _ City Temp _ Vimarnme _ Jim Thoms	Please indicate your first for participants and acco ace & Emerald Buddha ble (covering Wat Bench k & Abhisek Dusit Pala on's House & Suan Pak on's House & Suan Pak	mpanying persons Femple amabopit, Wat Po ces kard Palace		t)	No. of persons

	3.2 1 day tours fr _ Ayutthaya _ Wax muse _ Petchburi _ River Kwa		No. of persons				
4)	Library Visits _ National Lib	oraries		01	ı.	Code	No. of persons
 College and University Libraries School Libraries Public Libraries Special Libraries 			02; 03; 04 05; 06; 07; 08; 09; 10;				
5)	Pre/Post Conferen	nce Tours : If you	ı are intere	sted in the	pre/post conference	tours, please	use Form C.
6)	Hotel Reservation		N		5	T	
	Categories	Room types	No. of a Single	rooms Twin	Deposit (US\$ per room)	Total	
	_ A						
	– B C						
Arı	_			Departui	re date :		
wri 7) Pay	Method of Paymer ment must be made al amount (registration _ Credit card Type of Card: Card Number Expiry date Cardholders of Signature of of	nt in US dollars. Ple ion fee + hotel dep American Expre : : : : : : : : : : : : : : : : : : :	ease state you osit) to be press	our name and oaid US\$ Diners	se hotel deposit is non	refundable.	Visa
	Name of accordance Acc. No. Name of ban With reference	National Organiz Dunt : : k :	IFLA 19 101-587 Bangkol Head Of Registra	999 Bangkol 192-2 k Bank Publ ffice, 333 Si tion form, n	ic Company Limited, lom Road, Bangkok 1 lame of sender (Family		
	Please do not send		August 1, 19	999		ha Carac	a Canada dat
	For cancellation r June 1, 1999 no re	eceived before Jur efunds will be give	ne 1, 1999, 5 en.	50% will be	1, 1999 in writing to t refunded after the cor		
	By signing this fo	orm I declare to agi	ree with the	cancellation	n policy.		
	Signature				Data		