

REGISTRATION AND HOTEL RESERVATION FORM

COLLECTING AND SAFEGUARDING THE ORAL TRADITIONS :
AN INTERNATIONAL CONFERENCE

Organized as a Satellite Meeting of the General Conference of the International Federation of
Library Associations and Institutions (IFLA)
Local Organizer: Mahasarakham University

August 16-19, 1999
Khon Kaen, Thailand

Please return this form to : Prof. Dr. Chaveelak Boonyakanchana /
Or Dr. Surithong Srisa-ard
Before June 1, 1999 Academic Resource Center
Mahasarakham University
Maha Sarakham 44000 Thailand
E-Mail: Chaveelak@msu.ac.th/surithong.s@msu.ac.th
Fax: 66-43 721769 Tel : 66-43-723-523-4

1. Registration :

Please complete using a typewriter or block letters and return it to the above address
by June 1, 1999

Title () Prof. () Dr. () Mr. () Ms.
Family name:.....
First name:
Company/Institution:.....
Job Title / Position:.....
Mailing Address:.....
City/Postal code.....
Country:
E-mail address:
Telephone: (Country-area-local):
Fax (Country-area-local):

Accompanying Person (s):

Family name, First name.....
Family name, First name.....
Family name, First name.....

2. Registration Fees : (Check category and fill in the amount to be paid)

Categories	US\$	No. of persons	US\$
() Participant, payment before June 1, 1999	220		
() Participant, payment after June 1, 1999	270		
() Accompanying Person (s), payment before June 1, 1999	120		
() Accompanying Person (s), payment after June 1, 1999	150		
Total			

3. Hotel Reservation:

Room Type	Single occupancy	Double occupancy	No. of days
Superior	US\$ 45	US\$ 60	
Deluxe	US\$ 60	US\$ 70	
Junior suite	US\$ 75	US\$ 85	

Arrival & Departure Details: Arrival date:..... Flight No/Time.....
 Departure date..... Flight No /Time.....

4. The total amount to be paid = US\$.....(registration fee and one night of hotel deposit)

5. Payment: Payment must be made in US Dollars. Please state your name and address clearly on cheques. The total amount of registration fee and one night of hotel deposit will be paid by:

Bank Transfer, made to:

Account name: Dr. Chaveelak Boonyakanchana

Account no: 608-2 30433-7

Bank Address: Siam Comercial Bank Public Company Limited Mahasarakham Branch
 Maha Sarakham 44000, Thailand

Bank Crossed Cheque or Draft payable to :... Dr. Chaveelak Boonyakhanchana

Credit Cards Type of Card accepted : AmEX Master Card. VISA

Card Number..... Expiration date.....

Card holders' name.....Signature card holder.....

*Please send copy of cheque or draft by fax prior to mailing for easy reference, preparation of official receipt and accounting before the deadline stipulated above.

**Please note that all transfer expenses must be paid by sender

5. Type of Meals : General Islamic Vegetarian Other

6. Flight Schedule to and from Khon Kaen by Thai Airways

Flight No.	From Bangkok	To Khon Kaen	Flight No.	From Khon Kaen	To Bangkok	Schedule	Price (Round trip)
040	6:55	7:50	041	8:30	9:25	Everyday	2120Baht
042	11:30	12:35	043	13:05	14:00	Everyday	2120Baht
050	15:20	16:15	051	16:55	17:50	Everyday	2120Baht
052	18:15	19:10	053	19:50	20:45	Everyday	2120Baht
054	19:50	20:45	055	21:25	22:20	Fri, Sat, Sun only	2120Baht

Airport fee = 60 baht

Thai Airways Office Phone Number: (043) 236523, 238835, 334112-3

Khon Kaen Airport: (043) 246305, 246345, 245001

7. Cancellations:

Cancellations are accepted only by written notice. For cancellations after June 1, 1999 no refunds will be given. For cancellation received before June 1, 1999, 50% will be refunded after the meeting.