**Innovation Registration Form**

Ratchasuda International Conference on Disability

February 20-21, 2014

Ratchasuda College, Mahidol University, Thailand

Thank you for your interest in presenting your innovation at our Conference. Your innovation must be the work that benefits persons with disabilities. Please complete the form and email the completed form to us. Please specify number of participants in your team and list all of the names involved. In addition, Choose one contact person and register on-line as well. Make a note of your user name and password for future correspondence. Make your payment and email or fax money transfer document to us for our record. Please read the announcement for more details.

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Fax (in Thailand): 02-889-5308

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**Please complete the form in English only**

Organization/Company name:

Country:

Address (multiple lines):

Email:

Phone:

Fax:

Mobile:

Number of people in your innovation team:

Will you present in English or Thai:

Registration number: (you will receive after on-line registration)

Title 1 (Mr./Ms.):

First name:

Last name:

(Title 1 is the person that registered on-line)

Title 2 (Mr./Ms.):

First name:

Last name:

Title 3 (Mr./Ms.):

First name:

Last name:

(repeat for additional participants)

If any of your innovation team member has special needs, please specify:

Innovation title name:

Introduction:

(provide background or inspiration of your project)

Development process:

(provide methodology or details of your work including picture of the innovation)

Application:

(specify target or disability group that would benefit from your innovation)

Reference/credit:

\*\*\* end of innovation form \*\*\*