

**APPLICATION FORM**

**Study Mission on The European Excellence Model and Customer Centric Innovation**

**May 13-20, 2023**

**Personal Data**

1. Dr./ Mr./ Mrs./ Ms / Other ( )…………………….…………………………..…….……………………………………………….

Date of birth ………/…………/……….. Passport No. (Please submit copy of passport)…………………………….……………….

Dietary restrictions, if any (e.g. no pork, no beef, no seafood)……………………………………………………………….………….

Royal Orchid Plus no., if any…………………………………………….Position…………………...……..………………………..……..

Tel(Office)……………….……………. Mobile phone…………………………….. E mail (Important) ………………………………. Name of person for emergency contact…………………………………….Mobile phone………………………………………………

2. Dr./ Mr./ Mrs./ Ms / Other ( )…………………….…………………………..…….……………………………………………….

Date of birth ………/…………/……….. Passport No. (Please submit copy of passport)…………………………….……………….

Dietary restrictions, if any (e.g. no pork, no beef, no seafood)……………………………………………………………….………….

Royal Orchid Plus no., if any…………………………………………….Position…………………...……..………………………..……..

Tel(Office)……………….……………. Mobile phone…………………………….. E mail (Important) ………………………………. Name of person for emergency contact…………………………………….Mobile phone………………………………………………

3. Dr./ Mr./ Mrs./ Ms / Other ( )…………………….…………………………..…….……………………………………………….

Date of birth ………/…………/……….. Passport No. (Please submit copy of passport)…………………………….……………….

Dietary restrictions, if any (e.g. no pork, no beef, no seafood)……………………………………………………………….………….

Royal Orchid Plus no., if any…………………………………………….Position…………………...……..………………………..……..

Tel(Office)……………….……………. Mobile phone…………………………….. E mail (Important) ………………………………. Name of person for emergency contact…………………………………….Mobile phone………………………………………………

**Name of Company/ Organization**……………………………………………..……………………..………………..…………..…………

**Address of Company/ Organization**

……………………………………………………………………………………………………………………………………………………

**TAX ID** …………………………………………………………………………... **NO. OF BRANCH** ………………………………………

**Type of Business** 🗆 Service 🗆 Manufacturing 🗆 Education 🗆 Health Care

Contact person……………………….……………………… Tel(Office) ………………………………. Fax...………….……….………

Mobile phone………………………………..……………….. E mail (Important) …......………………………………………………….

**The completed form should be forward to:** Miss Phatcharawan, Miss Panitnart, Mr.Tanasak

Training Service Department, Thailand Productivity Institute

Tel. 0-2619-5500 EXT.451, 466-467 E mail: tqatraining@ftpi.or.th