**Registration Form**

**5th International Conference on Urban Disaster Reduction**

**- Decades Review on Recovery: Learning from Best Practices-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participants Information \*required**  Please fill in *CAPITAL LETTERS.* | | | | |
| □ Prof. □ Dr. □ Mr. □ Ms. □ Mrs. | | | | |
| \*Family Name: | | | \*First Name: | |
| \*Nationality: | | | \*Gender □ Female □ Male | |
| \*Title/Position: | | | \*Organization/Company: | |
| \*Passport No: | | | \*Date of Birth (mm/dd/yy): | |
| \*Tel: Country code - City code - Phone No | | Fax: Country code - City code - Fax No | | \*Email: |
| \*Address: | | | | |
| \*Dietary Preference: | □No Preference □Vegetarian □Pork-Free □Seafood Free | | | |
| □Other Preference | | | |
| \*Flight information:  (1) Arrival at □ Taoyuan International Airport □others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Time: Flight No/Airline:  (2) Departure at □ Taoyuan International Airport □others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Time: Flight No/Airline: | | | | |
| \*Request for Transportation from airport to hotel  □ Yes, I would like a free pick-up service. From Taoyuan International Airport to **Hotel** (TBD, arranged by DMST)  □ No, I will make my own transportation arrangements. I will arrive at the hotel via other transportation (please indicate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **\* In the case of not attending , please inform us before August 15th 2019** | | | | |
| **\*Participants are required to send an electronic photo for ID badge preparation.**  **\*Photograph requirements: Include a full face, full head from top of hair to shoulders, have a plain white or off-white background, avoid shadows on the face or background, must not include sunglasses or hats, have normal contrast and lighting**  Photo  3x4 cm  (150 dpi)  Format: JPEG file  **\*Please email back the completed form to** Dr. Chung  **Dr. Chung**  Tel: (886-3)422-7151#34120  E-mail: ccchung@ncu.edu.tw  Fax: (886-3)425-2960  **before August 15th 2019** | | | | |

\*In order to make the most appropriate arrangements, please answer each questions clearly and completely.