



Visit Request Form

Your request will only be attended to upon receipt of this completed form.

IMPORTANT to note:

1. All sections **must** be completed in full.
2. The completed form should be submitted to cia@g.sut.ac.th Fax: +66 4422 4140 **at least 15 days prior** to the date of your proposed visit.
3. Requests submitted by agents (including travel agents) will not be accepted.

Date and Time of Proposed Visit: _____ (dd/mm/yyyy) / _____ (a.m./p.m.)

Duration of visit: _____ (hour/day)

Person Making the Visit Request:

	First Name	Last Name	
Title (Prof./Dr./Mr./Ms.)			
Position			
Organisation			
Organisation's Website			
Email			
Contact information	Tel:	Mobile:	Fax:

Overview of the Institution / Organisation:

(Background, strengths, centres of excellence (if any), etc.)

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Topics of Interest for Discussion:

(Please specify clearly to enable us to ensure that relevant faculties/offices are represented at the meeting)

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Do you have any previous association with Suranaree University of Technology?

(If yes, please specify)

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Person(s) You Would Like to Meet:

Name	Designation

Total number of delegates: _____

Leader of Delegation / Visiting Group:

(Please provide CV or biography)

Title (Prof./Dr./Mr./Ms.)	First Name	Last Name	Position	Email

Information of Delegates / Visitors:

(Kindly include all members of delegation to facilitate seating arrangements)

Title (Prof./Dr./Mr./Ms.)	First Name	Last Name	Position	Email

The delegation's contact person whilst in Thailand:

Name	Designation	Mobile Number

For your delegation to receive maximum benefit from their visit, they should either have a working knowledge of English or be accompanied by an interpreter. Suranaree University of Technology is not able to provide interpretation services.

Name of Interpreter	
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Thank you for completing the Visit Request Form.

Any questions, please email cia@g.sut.ac.th