



**Makhampom  
Foundation**

## **2009 Makhampom Study Tour - Registration Form**

### **Contact Details**

**Name (Mr/Ms):**

**Address:**

**Tel/Fax:**

**Email:**

**Organisation (if applicable):**

**Date of Birth:**

**Passport No:**

**Expiry Date:**

**Country of Issue:**

**City of departure:**

**Contact Person & Phone Number (whilst in Thailand):**

### **Questionnaire**

1. What are your major interests and expectations in joining this program?
2. What is your relevant background and experience?
3. How did you become familiar with Makhampom/find out about the Study Tour?
4. Have you previously travelled to Thailand?
5. Do you have any special needs?
6. Do you have dietary needs?
  - Please indicate if you do **NOT** eat - (i) meat, (ii) seafood, (iii) eggs, (iv) dairy
7. Do you have a performance workshop that you would like to run with the community groups in Chiang Dao? Please provide a brief workshop outline?

***Please ensure that you read the 2009 Study Tour Information Kit before completing this form.  
This registration form must be completed for you to be considered for the 2009 Study Tour.***

**Please send this form to:  
Email: [mkpchiangdao@hotmail.com](mailto:mkpchiangdao@hotmail.com)**

**THANKYOU**