



**ATTACH  
2 PHOTOS EACH  
OF ALL  
PARTICIPATING  
MEMBERS  
(write name at the  
back of each photo)**

**KHAO REGISTRATION FORM**

Please fill in ALL the fields in the form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Institution: \_\_\_\_\_