**APPLICATION FORM**

**โปรแกรมศึกษาดูงาน “Winding to The Future Farm: ก้าวสู่การเกษตรแห่งอนาคตอย่างยั่งยืน”**

***เรียนรู้เทคโนโลยี นวัตกรรม และระบบนิเวศเกษตร***

**ระหว่างวันที่ 22-28 กันยายน 2568 ณ ประเทศเนเธอร์แลนด์**

**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)……………………………………………………………….…………………….

Position…………………...……..………………………..…………………………………………………………………………………………….……………………..…

Tel(Office)………………………………………………….……………. Mobile phone………………………………………………………….………………..

E-mail (Important) ……………………………………………….……………….. Line ID…………………………………………................................

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)……………………………………………………………….…………………….

Position…………………...……..………………………..…………………………………………………………………………………………….……………………..…

Tel(Office)………………………………………………….……………. Mobile phone………………………………………………………….………………..

E-mail (Important) ……………………………………………….……………….. Line ID…………………………………………................................

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)……………………………………………………………….…………………….

Position…………………...……..………………………..…………………………………………………………………………………………….……………………..…

Tel(Office)………………………………………………….……………. Mobile phone………………………………………………………….………………..

E-mail (Important) ……………………………………………….……………….. Line ID…………………………………………................................

Name of person for emergency contact…………………………………….Mobile phone……………………………………………………….…….

**Name of Company**……………………………………………..……………………..………….………………..………………………….……..…………………

**Address of Company** ………………………………………………….………………………………………………………………….…………………….…….

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| **Type of Business** | ❑ Service | ❑ Manufacturing | ❑ Education | ❑ Health Care |

Contact person (Name)……………………….…………………… Tel**.** (Office) ………….……………………Ext…………Fax...…………………….

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