**Acknowledgement of Receipt**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Company Name |  |
| Age |  | Address |  |
| Gender |  | Zip Code |  |
| Academic Degree |  | Mobile Phone No. |  |
| Post |  | E-mail |  |
| Thesis Subject |  | | |
| Make a statement or not | The time for each lecture or PPT offered is allowed within 15 minutes. | | |
| Accommodation Requirements |  | Private/shared Room |  |
| Number of people accompanied |  | Private/shared Room |  |