

**WORKSHOP ON FLAMMABILITY AND CHEMICAL CHARACTERIZATIONS OF BIOFIBER AND BIOCOMPOSITE MATERIALS**

Date: 20-21 NOVEMBER 2019

Venue: SEMINAR ROOM AND PRODUCT TESTING LABORATORY, INTROP, UPM

**Workshop Registration Form**

All participants are required to complete this registration form and return to Dr. Ahmad Adlie Shamsuri [wobic.workshop@gmail.com](mailto:wobic.workshop@gmail.com)

**SECTION 1: CONTACT INFORMATION**

<b>TITLE:</b>	<input type="checkbox"/> Prof. <input type="checkbox"/> Assoc. Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other, specify:		
<b>NAME:</b>			
<b>EMAIL:</b>		<b>POSITION:</b> <i>(Lecturer/ Research Officer/ Students/etc.)</i>	
<b>ORGANIZATION:</b>			
<b>ADDRESS:</b>			
<b>TOWN/CITY:</b>		<b>STATE/PROVINCE:</b>	
<b>POSTAL/ZIP CODE:</b>		<b>COUNTRY:</b>	
<b>TELEPHONE:</b>		<b>FAX:</b>	

**SECTION 2: MODE OF PAYMENT**

<b>PAYMENT:</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Local Order <input type="checkbox"/> Money Order <input type="checkbox"/> Postal Order <input type="checkbox"/> Bank Cheque
<b>NOTE:</b>	<p>For UPM participants, if registration fee is paid through research grant:</p> <p>Research vote no.: .....</p>

**Declaration:** I hereby declare that the above information are true and accurate to the best of my knowledge

<b>SIGNED:</b> (Supervisor or Project Leader)		<b>DATE:</b>	
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