

# The 12<sup>th</sup> International Senior Project Conference in Engineering and Technology

Bangkok, Thailand  
3-5 June 2024

CONFERENCE APPLICATION FORM

1 PROJECT INFORMATION

Project Title: \_\_\_\_\_

Please check the appropriate engineering field (only one) that best corresponds to the project's nature.

- ☐ Chemical Engineering
- ☐ Civil Engineering
- ☐ Computer Engineering
- ☐ Control System Engineering
- ☐ Electronic Engineering
- ☐ Embedded System Engineering
- ☐ Environmental Engineering
- ☐ Food Engineering
- ☐ Industrial Engineering
- ☐ Instrumentation Engineering
- ☐ Material/Tool Engineering
- ☐ Mechanical Engineering
- ☐ Mechatronics Engineering
- ☐ Electrical Engineering
- ☐ Telecommunication Engineering
- ☐ Other \_\_\_\_\_

**Required Project Abstract :** Please type your project abstract in the supplementary Word document file (1-page limit)

2 STUDENT INFORMATION

Please provide information of the senior student(s) in the project (the conference proceeding will use the same name order provided below). At least one senior student must attend the conference for a project presentation.

*Print or Type*

1. \_\_\_\_\_  
*Mr./Ms./Mrs. Last Name First Name Middle Name*

Department \_\_\_\_\_

Institute/University \_\_\_\_\_

E-mail: \_\_\_\_\_ **Mobile No.** \_\_\_\_\_  
*(needed for confirmation)*

**I am registering as:** (check all that apply)

- ☐ Technical Paper Presenter
- ☐ Conference Attendee

*Print or Type*

2. \_\_\_\_\_  
*Mr./Ms./Mrs. Last Name First Name Middle Name*

Department \_\_\_\_\_

Institute/University \_\_\_\_\_

E-mail: \_\_\_\_\_ **Mobile No** \_\_\_\_\_  
*(needed for confirmation)*

**I am registering as:** (check all that apply)

- ☐ Technical Paper Presenter
- ☐ Conference Attendee

*Print or Type*

3. \_\_\_\_\_  
*Mr./Ms./Mrs. Last Name First Name Middle Name*

Department \_\_\_\_\_

*(see next page)*

NOTE: BOTH PAGES MUST BE RETURNED

PROJECT TITLE: \_\_\_\_\_

Institute/University \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile No. \_\_\_\_\_  
(needed for confirmation)

**I am registering as:** (check all that apply)

☐ Technical Paper Presenter ☐ Conference Attendee

### 3 FACULTY ADVISOR INFORMATION

*Print or Type*

1. \_\_\_\_\_  
*Prof./Dr./Mr./Ms./Mrs. Last Name First Name Middle Name*

Department \_\_\_\_\_

Institute/University \_\_\_\_\_

E-mail: \_\_\_\_\_  
(needed for confirmation)

Are you planning to attend the conference?: (Check one) ☐ Yes ☐ No

*Print or Type*

2. \_\_\_\_\_  
*Prof./Dr./Mr./Ms./Mrs. Last Name First Name Middle Name*

Department \_\_\_\_\_

Institute/University \_\_\_\_\_

E-mail: \_\_\_\_\_  
(needed for confirmation)

Are you planning to attend the conference?: (Check one) ☐ Yes ☐ No

**Please return this form to ICE office within 30 March 2024**

((preferably) E-mail: [praphasiri@gmail.com](mailto:praphasiri@gmail.com) and [ice\\_engineering@kmutt.ac.th](mailto:ice_engineering@kmutt.ac.th) and Tel. 02-470-9024 -26