**  AMP Solution Day**



**Registration Form**

Please kindly fill out and return the completed registration form to Mr. Theerapat Songlerk via email.

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**🗹 I’d like to sign up for 2015 NEXCOM Global Partner Conference!**

Company Name:

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First and Last Name :

Title/ Position:

Email:

Special Dietary Needs (Please Mark the Appropriate Box)

* Vegetarian
* Others, please specify: