



## 10<sup>th</sup> NAIRONG INTERNATIONAL STUDENTS' CONFERENCE

**Theme:** *From Waste to Wisdom: Ending the Global Paradox of Scarcity Amid Abundance.*

**Venue:** Mida Grande Hotel Dhavaravati Nakhon Pathom,  
Nakhon Pathom, Thailand

**Date:** Monday, 17<sup>th</sup> August – Friday 21<sup>st</sup> August 2026

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### REGISTRATION FORM

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Please complete the Registration Form and submit it to the Conference Coordinator via email **on or before 29<sup>th</sup> June 2026, 06 PM (Indochina Time - ICT).**

Email: [nisc@nairong.ac.th](mailto:nisc@nairong.ac.th)

\*\*\* Please note that all correspondence regarding the conference shall proceed via email. \*\*\*

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#### A. PARTICULARS OF SCHOOL (Please type clearly in CAPITAL LETTERS)

1. **Name of School:**
2. **Name of Principal (Mr. / Mrs. / Ms. / Mstr.):**
3. **Postal Address:**
4. **Telephone No:**
5. **Fax No:**
6. **Email Address:**

#### Important Notice

1. We would like you to send 4 -10 students and 1 accompanying teacher.
2. Each hotel room accommodates UP TO 2 delegates.
3. In any school where the number of delegates CAN NOT BE DIVISIBLE BY 2, the other person is matched to stay with others from different schools.
4. The school may request a room which accommodates 3 delegates.
5. Teachers will be paired with another teacher of the same gender. However, an additional fee will be charged for a private room.
6. Male and Female delegates CAN NOT stay in the same room.

## B. PARTICULARS OF DELEGATES

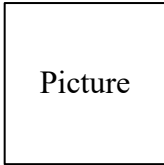
*(Please make copies of pages 2-5, if necessary.)*

Picture

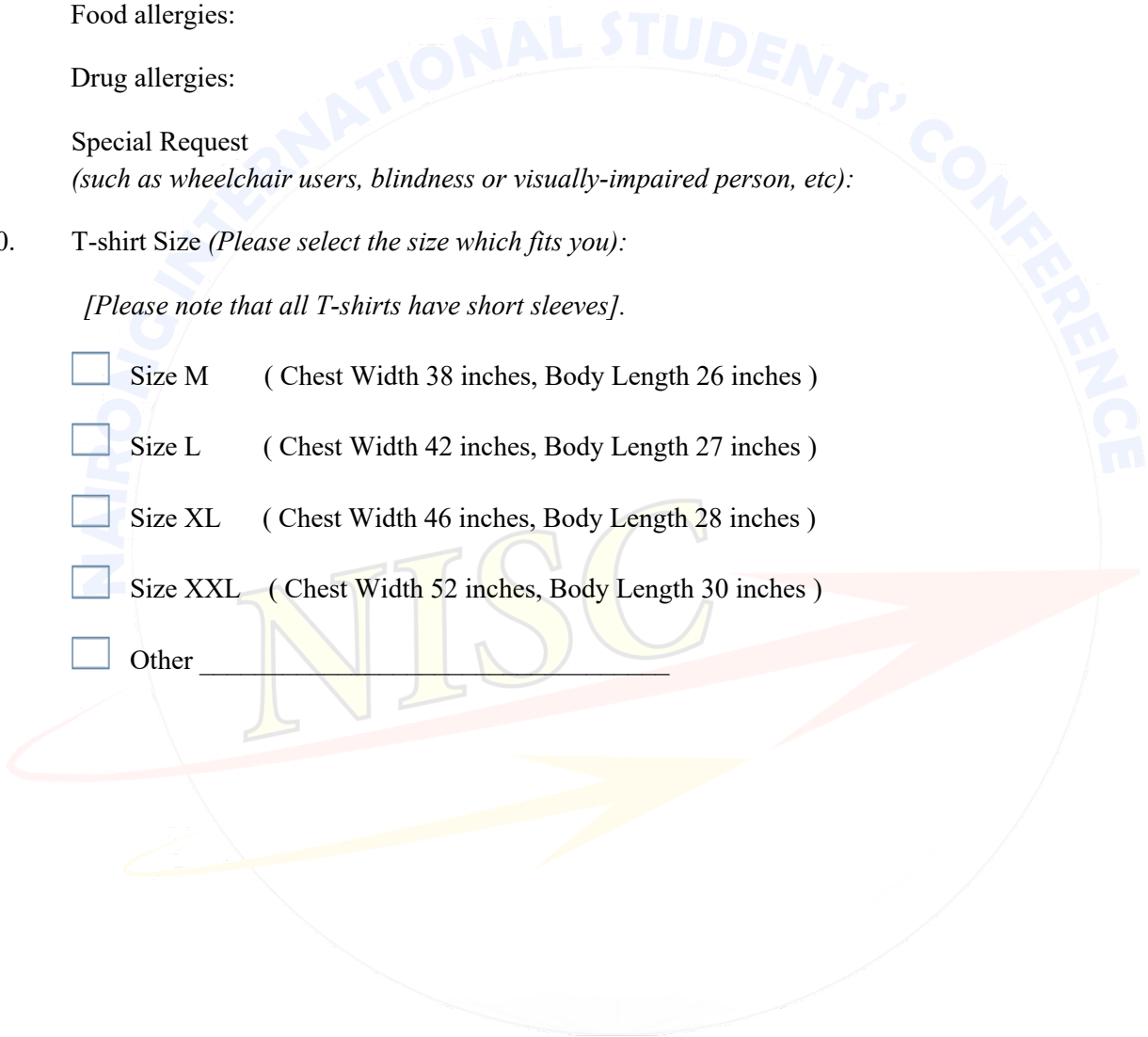
### Student Delegate 1

1. Name (Mr. / Mrs. / Ms. / Mstr.):  
Gender:                      Age:
2. Passport/IC No:
3. Name used on the conference name tag:
4. Email:
5. Food request or condition:  
 Halal  
 Vegetarian  
 No beef  
 Other \_\_\_\_\_
6. Favorite food:
7. Food allergies:
8. Drug allergies:
9. Special Request  
*(such as wheelchair users, blindness or visually-impaired person, etc):*
10. T-shirt Size *(Please select the size which fits you):*  
*[Please note that all T-shirts have short sleeves].*  
 Size M      ( Chest Width 38 inches, Body Length 26 inches )  
 Size L      ( Chest Width 42 inches, Body Length 27 inches )  
 Size XL     ( Chest Width 46 inches, Body Length 28 inches )  
 Size XXL    ( Chest Width 52 inches, Body Length 30 inches )  
 Other \_\_\_\_\_

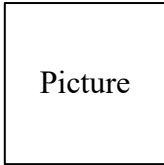
**Student Delegate 2**



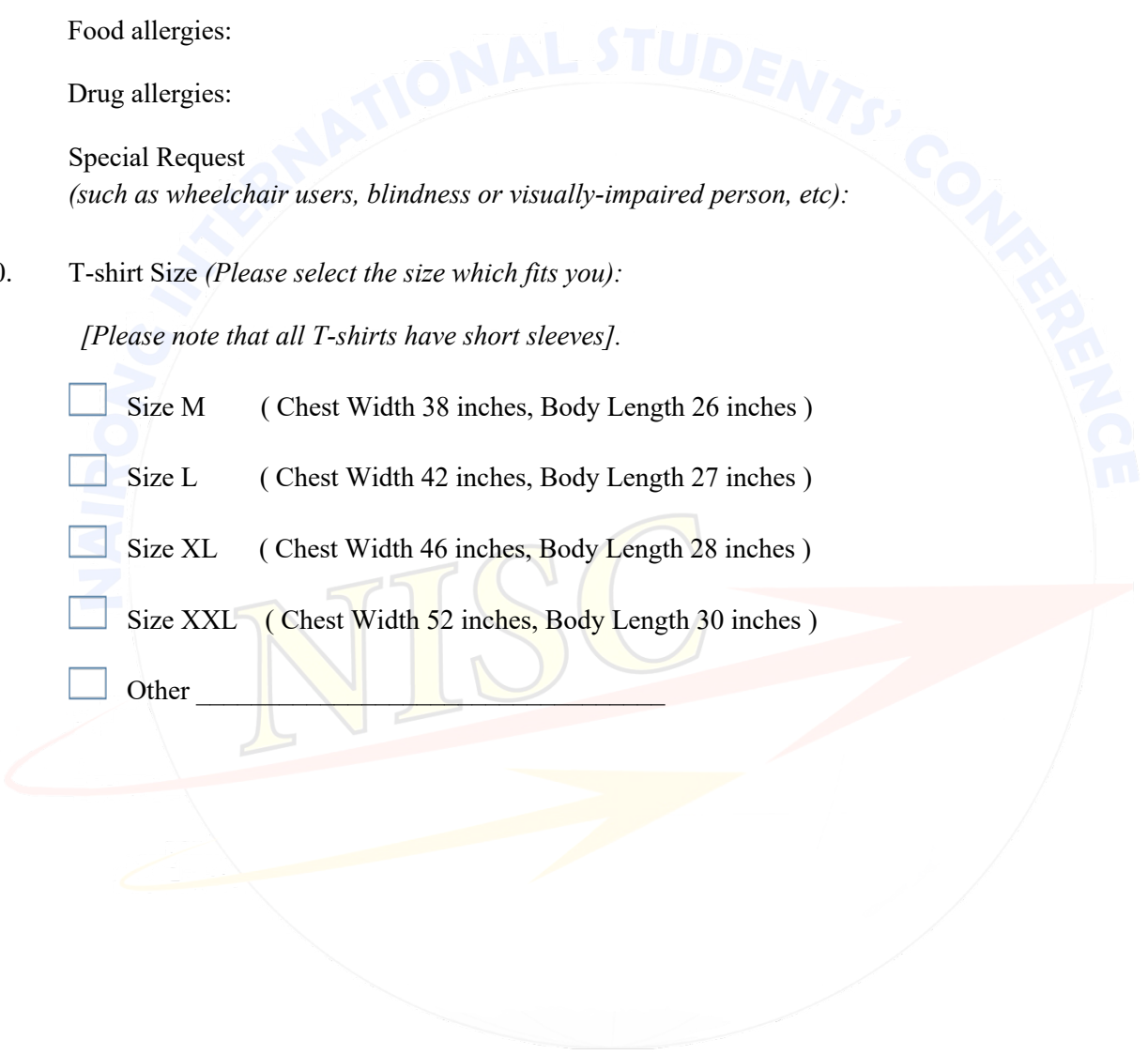
1. Name (Mr. / Mrs. / Ms. / Mstr.):  
Gender:                      Age:
2. Passport/IC No:
3. Name used on the conference name tag:
4. Email:
5. Food request or condition:  
 Halal  
 Vegetarian  
 No beef  
 Other \_\_\_\_\_
6. Favorite food:
7. Food allergies:
8. Drug allergies:
9. Special Request  
*(such as wheelchair users, blindness or visually-impaired person, etc):*
10. T-shirt Size *(Please select the size which fits you):*  
*[Please note that all T-shirts have short sleeves].*  
 Size M      ( Chest Width 38 inches, Body Length 26 inches )  
 Size L      ( Chest Width 42 inches, Body Length 27 inches )  
 Size XL      ( Chest Width 46 inches, Body Length 28 inches )  
 Size XXL      ( Chest Width 52 inches, Body Length 30 inches )  
 Other \_\_\_\_\_



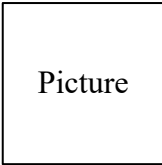
**Student Delegate 3**



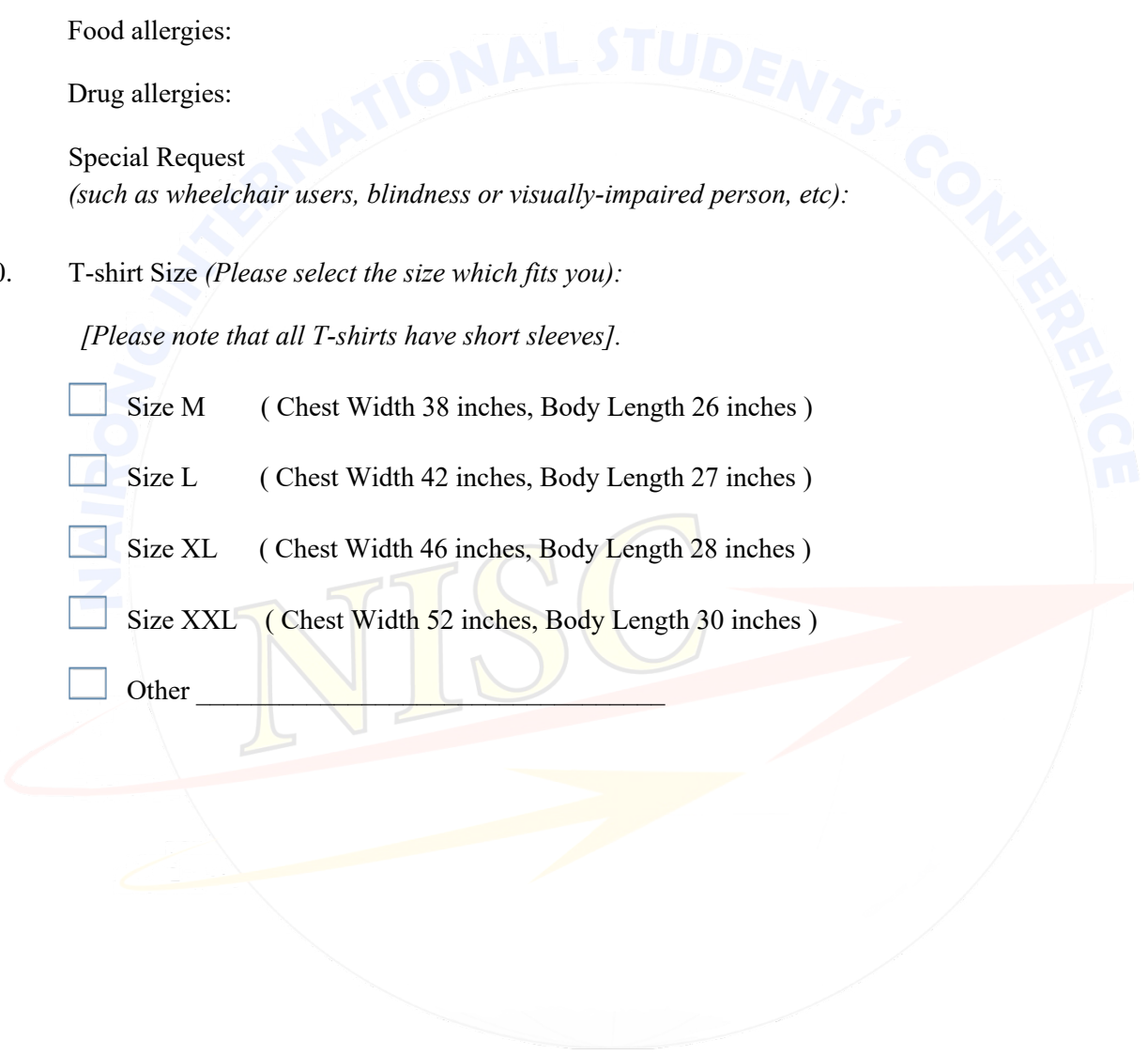
1. Name (Mr. / Mrs. / Ms. / Mstr.):  
Gender:                      Age:
  
2. Passport/IC No:
  
3. Name used on the conference name tag:
  
4. Email:
  
5. Food request or condition:  
 Halal  
 Vegetarian  
 No beef  
 Other \_\_\_\_\_
  
6. Favorite food:
  
7. Food allergies:
  
8. Drug allergies:
  
9. Special Request  
*(such as wheelchair users, blindness or visually-impaired person, etc):*
  
10. T-shirt Size *(Please select the size which fits you):*  
*[Please note that all T-shirts have short sleeves].*  
 Size M      ( Chest Width 38 inches, Body Length 26 inches )  
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 Size XL      ( Chest Width 46 inches, Body Length 28 inches )  
 Size XXL    ( Chest Width 52 inches, Body Length 30 inches )  
 Other \_\_\_\_\_



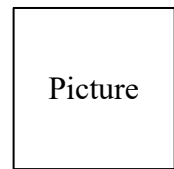
**Student Delegate 4**



1. Name (Mr. / Mrs. / Ms. / Mstr.):  
Gender:                      Age:
  
2. Passport/IC No:
  
3. Name used on the conference name tag:
  
4. Email:
  
5. Food request or condition:  
 Halal  
 Vegetarian  
 No beef  
 Other \_\_\_\_\_
  
6. Favorite food:
  
7. Food allergies:
  
8. Drug allergies:
  
9. Special Request  
(such as wheelchair users, blindness or visually-impaired person, etc):
  
10. T-shirt Size (Please select the size which fits you):  
*[Please note that all T-shirts have short sleeves].*  
 Size M      ( Chest Width 38 inches, Body Length 26 inches )  
 Size L      ( Chest Width 42 inches, Body Length 27 inches )  
 Size XL      ( Chest Width 46 inches, Body Length 28 inches )  
 Size XXL      ( Chest Width 52 inches, Body Length 30 inches )  
 Other \_\_\_\_\_



**Teacher Delegate**



1. Name (Mr. / Mrs. / Ms. / Mstr.):  
Gender:                      Age:
2. Passport/IC No:
3. Name used on the conference name tag:
4. Email:
5. Food request or condition :  
 Halal  
 Vegetarian  
 No beef  
 Other \_\_\_\_\_
6. Favorite food:
7. Food allergies:
8. Drug allergies:
9. Special Request  
*(such as wheelchair users, blindness or visually-impaired person, etc):*
10. T-shirt Size *(Please select the size which fits you):*  
*[Please note that all T-shirts have short sleeves].*  
 Size M      ( Chest Width 38 inches, Body Length 26 inches )  
 Size L      ( Chest Width 42 inches, Body Length 27 inches )  
 Size XL      ( Chest Width 46 inches, Body Length 28 inches )  
 Size XXL      ( Chest Width 52 inches, Body Length 30 inches )  
 Other \_\_\_\_\_

**C. TEACHERS' SESSION** *(Please select ONLY ONE option).*

- I am interested in presenting my school's best practice educationally focusing on *From Waste to Wisdom: Ending the Global Paradox of Scarcity Amid Abundance*.
- I am NOT interested in presenting a paper.



**For more information please scan this QR - Code  
or click here to view the Teacher's Abstract Submission:**

**[Teacher's Abstract Submission ; \(FINAL\)APPENDIX!Unexpected End of Formula C - Teachers' Abstract Submission\(NAIRONG\).pdf](#)**

**D. STUDENT PARTICIPATION**

All students are expected to participate in NISC activities as listed actively:  
*(Please select the appropriate box and submit this form within 29<sup>th</sup> June 2026, 6 PM)*



- Chairperson** *(To chair the keynote address and plenary sessions. )*  
Name(s):
- Respondent** *(To respond to the presentations of the keynote speaker and the plenary session speakers)*  
Name(s):
- Secretary** *(To record the proceedings of the keynote address and plenary sessions. )*  
Name(s):
- Representative** *(Introduce your school on stage during the opening ceremony.)*  
Name(s):  
Contact information (such as Instagram / Facebook etc.):

**\*\* As the response to the above may exceed the needs of the conference, the organizers will have to make a final selection and delegates will be informed in due course of the roles that they have at the conference.**

**E. COMPETITIONS** (Please select **AT LEAST ONE** option per school).

*A delegate is not allowed to participate in both Skit, Impromptu Speech, On-the-spot Essay, Project Pitch and Quiz competitions at once. One must choose one out of five due to the competitions taking place at the same time.*

- Skit Competition
- On-the-spot Essay Writing Competition
- Impromptu Speech Competition
- Video Production Competition
- Project Pitch Competition
- Quiz Competition

	
<b>4. APPENDIX A - 10<sup>th</sup> NISC: Criteria for Competitions</b>	<b>5. APPENDIX B - Competition Registration Form</b>

**For more information, please scan this QR- Code or click here to view the Competition Appendix:**

**[Criteria; 4. APPENDIX A - 10th NISC: Criteria for Competitions Registration Form; 5. APPENDIX B - Competition Registration Form.docx](#)**

*If you have selected any competition above, please register your participant name in the “Competition Registration Form”.*

**F. FAREWELL DINNER PERFORMANCE**

*Please select the appropriate box below if your school is interested in presenting your cultural performance at the conference so that conference staff may prepare the stage and the program.*

- Yes, our school is interested                       No, our school is NOT interested

## G. SALE OF SOUVENIRS

Please select the appropriate box below if your school is interested in selling entrepreneurship products or souvenirs at the conference so as to allow staff to prepare the display table stall.

Yes, our school is interested

No, our school is NOT interested

## H. CONSIDER INCORPORATING THE FOLLOWING SUGGESTIONS:

Delegates from abroad are advised to obtain comprehensive travel insurance, while Thai delegates are advised to secure accident insurance coverage for the duration of the outdoor activities.

Yes, I will take out travel insurance (for international delegates).

Yes, I will take out accident insurance (for Thai delegates)

## I. REGISTRATION FEE DETAILS: (Please select the box).

Participants (International/Local Thai)		Total	
<input type="checkbox"/> USD 400 × .....	(no. of delegates including accompanying teacher) <b>[International]</b>	USD	.....
<input type="checkbox"/> USD 100 × .....	(no. of teacher selecting own bedroom) <b>[International]</b>		
<input type="checkbox"/> 10,500 Baht × .....	(no. of delegates including accompanying teacher) <b>[Thais only]</b>	Baht	.....
<input type="checkbox"/> 4,000 Baht × .....	(no. of teacher selecting own bedroom) <b>[Thais only]</b>		
<b>Grand Total .....</b>			

**\*\*\* PLEASE NOTE THAT ALL BANK COMMISSIONS SHALL BE BORNE BY THE PARTICIPATING SCHOOLS. THE AMOUNT TO BE RECEIVED BY THE SCHOOL IS THE TOTAL ABOVE. \*\*\***

**\*\* PLEASE NOTE THAT ALL PAYMENT THAT HAD BEEN PAID CANNOT BE REFUNDED. \*\***

**G. PAYMENT METHOD:** *(Please select the appropriate box).*

**BANK DETAILS:**

**Account Name:** NAIRONG INTERNATIONAL STUDENTS' CONFERENCE

**A/C No.:** 031-0-56036-5

**Name of Bank:** Krung Thai Bank Public Company Limited  
Central PinKlao Branch

**Address:** 7/130-7 Central Plaza PinKlao, Borommaratchachonnani Road, Arun  
Amarin, Bangkok Noi, Bangkok 10700, Thailand

**SWIFT Code:** KRTHTHBK

Payment into Bank Account directly  
Date of payment \_\_\_\_\_

Electronic Transfer  
Date of Transfer: \_\_\_\_\_  
Amount Transferred: \_\_\_\_\_  
Reference Number, if any; \_\_\_\_\_

*(Please email a scanned .pdf copy of the stamped bank pay-in/electronic transfer slip as proof of payment. The name of your school must be mentioned if the .pdf copy is not sent together with your registration forms).*

*Thank you very much and we sincerely look forward to welcoming you at the conference.*

