**2025 FNCA Hybrid Workshop on RRU**

**September 9-12, 2025, Dalat, Vietnam & Online**

Please send the complete registration form to Ms. INOKOSHI **(****inokoshi@nsra.or.jp****)** by **25 June 2025**. All information followed by an asterisk must be completed.

|  |  |
| --- | --- |
| **Select how to participate \*** | [ ]  **Online (Go to page 2)**[ ]  **In person (Skip page 2 and go to page 3)** |

**Note:**

**[Vietnam entry requirement]**

* To enter Vietnam, your passport must be valid for over 6 months from the date you arrive.
* Return ticket departing from Vietnam is required.
* Participants from AUS, BGD and CHN should obtain the visa. (The official passport holders from BGD and CHN do not require a visa to enter Vietnam.)

**[Cost Sharing]**

* NSRA will bear the travel cost (that is, the airfare (between major hub airports) and accommodation cost) for the invited participant from each member country except Australia, Singapore and Korea.
* During the workshop, they set lunches (257,500 VND (about US$10) per person per day) and should be paid by each. Please note **per diem is not borne**.
* Please note that the following **expenses to be borne by foreign participants/dispatching countries**.

(a) Visa acquisition

(b) Purchase Travel insurance

(c) Domestic transportation expenses including accommodation charge (if necessary)

(d) Travel and accommodation expenses related to flight connections, if necessary

* Please kindly understand that we may not be able to invite all depending on the situation.

[ ]  **I have read and agree to the above.** (This is required)

**[1. Online]**

Please send the complete registration form to Ms. INOKOSHI **(****inokoshi@nsra.or.jp****)** by **25 June 2025**. All information followed by an asterisk must be completed.

1. **Personal Data**

|  |  |
| --- | --- |
| **1. Academic Title\*** | [ ] **Dr** [ ] **Prof** [ ] **Mr** [ ] **Ms** |
| **2. Full Name\*** |  |
| **3. Organisation\*** |  |
| **4. Position\*** |  |
| **5. Office Tel. Number\*** |  |
| **6. Mobile Number\*** |  |
| **7. E-mail address\*** |  |

**II Invitation Letter**

|  |  |
| --- | --- |
| **Do you need invitation letter (PDF file) from NSRA for procedures in your organization? \*** | [ ] **Yes** [ ] **No** |

**Thank you very much for your cooperation.**

**[2. In person]**

Please send the complete registration form **with a copy of your Passport** to Ms. INOKOSHI **(****inokoshi@nsra.or.jp****)** by **4 July 2025**. All information followed by an asterisk must be completed.

1. **Personal Data**

|  |  |
| --- | --- |
| **1. Academic Title\***  | [ ] **Dr** [ ] **Prof** [ ] **Mr** [ ] **Ms** |
| **2. Full Name\*** |  |
| **3. Gender\*** | [ ] **Male** [ ] **Female** |
| **4. Organization\*** |  |
| **5. Position\*** |  |
| **6. Office Address\*** |  |
| **7. Country\*** |  |
| **8. Office Tel. Number\*** |  |
| **9. Mobile Number\*** |  |
| **10. E-mail address\*** |  |
| **11. Emergency Contact** **Name/Tel /E-mail\*** |  |
| **12. Other information requiring special attention, if any (health condition, food, etc.)** | **Food:**[ ] **Halal** [ ] **Vegetarian** [ ] **Regular** |

1. **Passport Information & Visa Requirement:**

|  |  |
| --- | --- |
| **1. Name spelt exactly the way it appears on your passport\*** |  |
| **2. 1) Surname\*** |  | **2) Given name\*** |  | **3) Middle name\*** |  |
| **3. Passport number\*** |  |
| **4. Passport Type\*** | [ ] **Ordinary** [ ] **Official** [ ] **Diplomatic** |
| **5. Date of Issue\*** |  | **6. Date of Expiry\*** |  |
| **7. Date of Birth\*** |  | **8. Place of Birth\*** |  |
| **9. Registered Domicile\*** |  | **10. Nationality\*** |  |

1. **Travel Information**

|  |  |
| --- | --- |
| **1. Do you need a visa to enter Vietnam? \*****If yes, which Vietnamese Embassy will you apply for visa?**  | [ ]  **Yes** [ ]  **No****(city: 　　　)** |
| **2. Do you need an invitation letter from Vietnam for visa application? \*** | [ ] **Yes** [ ] **No****If Yes,** [ ] **original copy** [ ] **only electronic file** |
| **3. Do you need an electronic invitation letter from NSRA for procedures in your organization? \*** | [ ] **Yes** [ ] **No** |
| **4. Room Preference** | [ ]  **Smoking** [ ]  **Non-Smoking** |

**Thank you very much for your cooperation.**