

AstroPark Control Room request form

Key number
.....

Date:
Name:
Contact Number:
E-mail:

Observing time:

Start Date:
End Date:

Name of user (if any):

- 1.
- 2.
- 3.
- 4.
- 5.

Sign for receiving room key

Sign for returning room key

.....
Date/...../.....

.....
Date/...../.....

Note1: Please contact to Paweena (administration officer) to get room key before observing time at lease 1 working day
Note2: E-mail: paweena@narit.or.th
Tel: 089-850-0776

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