

Date: _____

Center of Excellence for Soil Research in Asia Network: CESRA Registration Form

1. Country: _____

2. Institute/Organization name:_____

3. Institute/Organization short name or acronym: _____

4. Host organization (if any):

5. Type of Organization: ☐ Government ☐ University
 ☐ Private Sector ☐ Research Institute or Center
 ☐ Other.....
 (Please identify)

6. Organization key research expertise: (multiple choice)

☐ Soil Science
 ☐ Hydrology
☐ Agriculture
 ☐ Geomatics
☐ Climatology
 ☐ Land Use
☐ Ecology
 ☐ Other:
 (Please identify)

7. Preferred areas of research:

8. Organization full address:

- Full address:
- Email:
- Telephone/Mobile phone:
- Website:
- Social media:

9. Head of Organization:

- Full name:
- Position:
- Telephone/Mobile phone:
- Email:

10. Contact person:

- Full name:
- Position:
- Telephone/Mobile phone:
- Email: