South East Asia Youth Sustainability Conference

Be a part of the conference to empower active youths to make a difference!
Dec 7-9, 2019 The Westin Kuala Lumpur

KINDRED COMMUNITY X I.EARTH.YOU

GREEN FUTURE, STARTS' FROM YOUTH.

SCHEDULE FOR YOU

S.E.A YOUTH Sustainability Conference Programme			
Date	Time	Activity	Presenter / organizer
7 Dec	12:00 – 20:00	Foreign students pick-up service	Kindred – foreigner helpers
	20:00	Welcome dinner for foreign students	Kindred – foreigner helpers
8 Dec	09:00	Event registration	Kindred – staff
	09:30	Opening address	Chun Hui
	10:00	Malaysia's sustainability challenges	I.E.U
	10:30	Tea break	
	10:45	Indonesia's sustainable effort	LDI-Indonesia
	11:15	Malaysia's sustainable effort	LDI-Malaysia
	11:45	Lunch	
	13:00	South Ease Asia's sustainability landscape	Each SEA student participant
	14:00	Waste eco-system in Malaysia	WRMAS
	14:30	Introduction to project / facilitation	I.E.U
	14:40	Facilitation session 1 – Brainstorming	Facilitators
	16:00	Tea break	
	16:15	Facilitation 2 (topic based)	Facilitators
	18:00	Dinner @ newton food centre	
9 Dec	09:00	Marina barrage	Facilitators
	11:30	Facilitation 3 (topic based)	Facilitators
	12:00	Lunch @ utown	
	13:00	About civil initiatives	LDI – Taiwan
	13:30	Sharing - experience from WCD	LDI – Indonesia
	14:00	Facilitation briefing	I.E.U
	14:15	Facilitation 3 (working teams)	Facilitators
	15:45	Tea break	
	16:00	Facilitation 4 (mentoring)	Facilitators
	17:00	Project pitch	Judges: Kindred, I.E.U
	17:30	Wrap up / End of Conference	
	18:00	Dinner (optional)	

Registration & Parental Consent Form

Registration closes by 23 Nov 2019 (Sat).
Please purchase your own travel insurance.

Name: **Gender: M / F** **Age:**

Contact No.: **Address:**

Nationality:

School / Organization:

Known Medical Problem / Allergies (if any):

List of Medications / Additional Information you would like to provide:

I grant my informed consent and permission for my child to attend the trip dated 7-9 Dec to Kuala Lumpur. I authorise Kindred Community and I.Earth.U's representative to transport, request and authorize treatment for my child in the event of an accident or medical emergency, and I will be fully responsible for all expenses. I agree that I will not hold the person liable while he/she is acting according to these directions.

Parent/Guardian's Name, Signature and Date

Emergency Contact Person and number:

INDEMNITY