

REGISTRATION FORM

*This form should be completed by each delegation member and forwarded as soon as possible to the contacts below and not later than **16 February 2015**.*

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Last name:		First name/s:		
Country:				
Nationality:				
Organization:		Title:	Mr.	Head of Delegation:
			Mrs./Ms.	Other:
		Position:		
Official Mailing Address:				
Fax/Phone:				
E-mail:				
Date and place of birth:				
Passport No.:		Date and place of issue:		
		Expiration Date:		
Request for an invitation letter	Yes		No	
Dietary restrictions				
Arrival date:		Flight No./		
Departure date:		Flight No. /		
Date:		Signature:		