# Registration Form

**NAME**

(CAPITAL LETTERS)

Mr. [ ] Mrs. [ ] Ms. [ ]

(family name) (first name)

Title

**REPRESENTATION**

- [ ] ITU Member State
- [ ] Country
- [ ] Head of delegation
- [ ] Deputy Head of delegation
- [ ] Delegate

(To be completed by representatives of Member States only)

- [ ] ITU Sector Member
- [ ] Name
- [ ] Other Organisation or Institution
- [ ] Name

**OFFICIAL ADDRESS**

Name of the Administration, Organization or Entity

Street

City/Code/Country

Tel.:        Fax:        E-Mail:

Date:        Signature:

To be returned duly completed to the ITU Area Office, Bridgetown, Barbados:

Ms. Sheron YEARWOOD
United Nations House, Hastings,
Christ Church, Barbados
Tel.: +1 246 431 0343/246 467 6195
Fax: +1 246 437 7403
e-mail: sheron.yearwood@itu.int

With copy to:

Ms. Christine OCHIENGHS
LSE/BDT
Fax: +4122 730 5484
Email: christine.ochienghs@itu.int