



COMMONWEALTH
TELECOMMUNICATIONS
ORGANISATION



Using ICT for Effective Disaster Management Pacific Forum 2009

7 - 9 July 2009, Samoa

REGISTRATION FORM

Please complete and return this form to ITU or CTO Secretariat

no later than 15th June 2009

TYPE OR WRITE IN BLOCK LETTERS Incomplete forms will not be accepted

PERSONAL INFORMATION:

Name :

MR./MRS./MS./DR./PROF.

FIRSTNAME

MIDDLE NAME

LASTNAME

Administration/Organization :

Present Post (Job Title) :

Division/Department :

Contact Address :

City / State :

Zip Code :

Country :

Phone No :

Fax No :

Email address :

MEMBERSHIP STATUS: (Please tick which is appropriate for your membership status)

ITU Member State ITU Sector Member ITU Associate Non-ITU Member

CTO Full Member Country CTO Member Country CTO Sector Member Non-CTO Member

Operator Service Provider Manufacturer/Integrator Scientific/Research Organization

International/Regional Organization Financial Organization Other Entity

PASSPORT INFORMATION:

Passport No :

Date of Issue : / /
(day/month/year)

Expiry Date : / /
(day/month/year)

Date of Birth : : / /
(day/month/year)

Nationality :

Accompanied by Members of Family [...] No [...] Yes Relationship :

If yes, Name : _____
MR./MRS./MS./DR./PROF. FIRSTNAME MIDDLE NAME LASTNAME

Passport No : _____ Date of Issue : / / Expiry Date : / /

Date of Birth : / / (day/month/year) Nationality :

PLEASE RETURN COMPLETED FORM TO:

Mr. Wisit Atipayakoon
ITU Regional Office for Asia and the Pacific
Fax: + 66 2 574 9328 Email: wisit.atipayakoon@itu.int

OR Mr. Kojo Boakye
Commonwealth Telecommunications Organisation
Fax: +44 208 600 3819 Email: k.boakye@cto.int

Date : _____

Signature : _____