



# Training Workshop on Emergency Telecommunications

## Sao Tome & Principe (21-25 September 2009)



### Registration Form

(CAPITAL LETTERS)

#### NAME

Mr. <input type="checkbox"/> / Mrs. <input type="checkbox"/> / Ms. <input type="checkbox"/>	(family name)	(first name)
Title		

#### REPRESENTATION

<input type="checkbox"/> ITU Member State	Country
<input type="checkbox"/> Head of delegation	<input type="checkbox"/> Deputy Head of delegation
	<input type="checkbox"/> Delegate
(To be completed by representatives of Member States only)	
<input type="checkbox"/> ITU Sector Member	Name
<input type="checkbox"/> Other Organisation or Institution	Name

#### OFFICIAL ADDRESS

Name of the Administration, Organization or Entity		
Street		
City/Code/Country		
Tel.:	Fax:	E-Mail:

Date:	Signature:
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To be returned duly completed to the ITU Yaounde, Cameroon:  Ms. B. KAPTUE ITU Area Office, Yaoundé, Cameroon Fax: +237 222 92 97 Email: <a href="mailto:brigitte.kaptue@itu.int">brigitte.kaptue@itu.int</a>	<b>With copy to:</b>  Ms. Christine OCHIENGHS LSE/BDT Fax: +4122 730 5484 Email: <a href="mailto:christine.ochienghs@itu.int">christine.ochienghs@itu.int</a>
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