

	<p>ITU SUB-REGIONAL WORKSHOP ON THE ROLE OF TELECOMMUNICATIONS/ICT IN DISASTER MANAGEMENT FOR THE CENTRAL AFRICAN REGION</p> <p>Yaounde, Cameroon 30 May to 1st June 2007</p>	
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THE FORUM WILL BE HELD AT HOTEL MONT FÉBÉ

This form should be faxed to the address below no later than 14 May 2007

REGISTRATION FORM

(IN CAPITAL LETTERS, PLEASE)

PERSONAL INFORMATION

Mr/Mrs/Ms/Dr/Other _____	(Family Name)	(First Name)
Country: _____		
Name of the Administration or Organization: _____		
Title: _____		
Business Address: _____		
_____	City: _____	Country: _____
Tel.: _____	Mobile: _____	
Fax: _____	E-Mail: _____	

CATEGORY

<input type="checkbox"/> ITU Member Administration	<input type="checkbox"/> Head of delegation	<input type="checkbox"/> Deputy	<input type="checkbox"/> Delegate
<input type="checkbox"/> ITU Sector Member	<input type="checkbox"/> Not an ITU Member		
<input type="checkbox"/> Operator	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Manufacturer/Integrator	<input type="checkbox"/> Scientific/Research Organization
<input type="checkbox"/> Regional/International Organization	<input type="checkbox"/> Financial Organization	<input type="checkbox"/> Other Entity	

FLIGHT INFORMATION

Arrival (Airline/Flight No. Date/Time): _____
Departure (Airline/Flight No. Date/Time): _____

ACCOMMODATION INFORMATION

Hotel Name: _____	
Accommodation Name: _____	
Check In Date: _____	Check Out Date: _____
<input type="checkbox"/> Make own arrangement	<input type="checkbox"/> Please reserve a room for me
	<input type="checkbox"/> Single room <input type="checkbox"/> Double room

If you intend to make a presentation, please indicate the title of your presentation: _____

Please send your electronic presentation to Mr. Vincent Sakanga, E-mail: **no later than 14 May 2007.**

Date: _____	Signature: _____
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TO BE RETURNED DULY COMPLETED BEFORE 14 MAY 2007 TO:

Mr. Vincent Sakanga
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