



REGISTRATION FORM

Please return the form to Ms Wachira Woramanakul (<mailto:wachira.woramanakul@itu.int>), or Fax +66 2 574 9328
no later than 24th June 2011

PERSONAL INFORMATION:

Name : <input type="text"/>			
MR./MRS./MS./DR./PROF.	FIRSTNAME	MIDDLE NAME	LASTNAME
Administration/Organisation : <input type="text"/>			
Present Post (Job Title) : <input type="text"/>			
Division/Department : <input type="text"/>			
Contact Address : <input type="text"/>			
City / State : <input type="text"/>		Zip Code : <input type="text"/>	Country : <input type="text"/>
Phone No : <input type="text"/>		Fax No : <input type="text"/>	
Email address : <input type="text"/>			

PASSPORT DETAILS:

Passport No : <input type="text"/>	Date of Issue : <input type="text"/> / <input type="text"/> / <input type="text"/> (dd / mm / yyyy)	Expiry Date : <input type="text"/> / <input type="text"/> / <input type="text"/> (dd / mm / yyyy)
Date of Birth : <input type="text"/> / <input type="text"/> / <input type="text"/> (dd / mm / yyyy)		Nationality : <input type="text"/>

FLIGHT INFORMATION & HOTEL RESERVATION:

Arrival by flight : <input type="text"/>	Arrival Date: <input type="text"/>	
Departure by flight : <input type="text"/>	Departure Date: <input type="text"/>	
<input type="checkbox"/> Chinggis Khaan hotel (single, US\$150) <input type="checkbox"/> Puma-Imperial (single, US\$86) <input type="checkbox"/> Puma-Imperial (twin, US\$105) <input type="checkbox"/> Flower hotel (single, US\$74) <input type="checkbox"/> Other, please specify	Check-in date: <input type="text"/>	Check-out date: <input type="text"/>
Date : <input type="text"/>	Signature : <input type="text"/>	