



ANNEX



Train of Trainers in computer access and Digital Skills for people living with Disabilities

TELONE Centre for Learning, Belvedere, HARARE, Zimbabwe

8th – 12th October 2018

REGISTRATION FORM

To be returned to ITU Area Office for Southern Africa for Africa e-mail

cynthia.mapisire@itu.int or chali.tumelo@itu.int or bdmhonderwa@yahoo.com

before 01 October 2018

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Administration of ITU Member State
<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Family name</p>	<input type="checkbox"/> ITU Sector Member
<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">First name</p>	<input type="checkbox"/> ITU Associate
	<input type="checkbox"/> Non-Member

Name and full address of administration or organization:

_____ Tel: _____

Title _____ Fax : _____

_____ E-mail : _____

Date: _____

Signature: _____

ANNEX II



Train of Trainers in computer access and Digital Skills for people living with Disabilities

TELONE Centre for Learning, Belvedere, HARARE, Zimbabwe

8th – 12th October 2018

This form should be sent directly to the hotel of your choice with a copy to the bdmhonderwa@yahoo.com and cynthia.mapisire@itu.int

to ensure transfer to and from the airport

Family name -----

First name -----

Address ----- Tel: -----

----- Fax: -----

----- E-mail: -----

----- single/double room(s) **at the Forum preferential rate**

Credit card to guarantee this reservation: AX/VISA/DINERS/EC (or other) -----

No. ----- valid until -----

Date ----- Signature -----

TRANSFER INFORMATION

Transportation will be provided from the airport to the hotels and to the venue of the Training.

Date of Arrival	Time of Arrival	FLIGHT NO.
Date of	Time of	FLIGHT NO.

Departure

Departure