



ITU Caribbean - NUMBER PORTABILITY Workshop
28-30th April, 2015
Paramaribo, Suriname



REGISTRATION FORM

(CAPITAL LETTERS)

Mr./Mrs. /Ms. _____
(Surname)

(Name)

Company/Organization: _____

Title: _____

Address: _____

Tel.: _____

Fax: _____ E-mail: _____

Arrival date: _____

Departure date: _____

Additional Information:
(if deemed necessary) _____

Date: _____

Signature: _____

Please return the duly filled out form to: Sheron.small@itu.int