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Annexture 1**Registration Form**

**Please email your registration form to the local secretariat email address on or before 30th June 2015**

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**Personal Information**

Title: \* Dr Mr Miss Mrs

First Name: \* 

Last Name: \* 

Administration/Organization: \* 

Present Post (Title): \* 

Business Address: \* 

Country: \* 

Phone No.: \* 

Fax No.: 

E-mail address: \* 

Do you want your email to be published in List of Participants?:

Yes

No

ITU Membership Status (Please tick which is appropriate for your membership status)

Member Associate Member Affiliate Member International Organization

Others

**Passport Information for Visa: (Provide only if you need visa supporting letter)**

Passport No.: 

Passport Issue Date: 

Passport Expiry Date: 

Place of Issue: 

Date of Birth: 

Place of Birth: 

Place of Getting Visa: 

**Flight Information:**

Arrival Flight (Flight No./ Date/ Time): 

Departure Flight (Flight No./ Date/ Time): 

Hotel Accommodation

**Hotel reservation:**

Yes

No

Hotel Name: 

Room Type: 

Hotel Check-In Date: 

Hotel Check-Out Date: 

Payment Method:

Cash

Credit Card

**Other information:**

Airport transport arrangement:

Yes…..

No….

(Note; Please indicate your flight details correctly)

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