**REGISTRATION FORM**

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|  | *(Participation of women is encouraged)* |  |

(COMPLETE IN CAPITALLETTERS AND TICK APPROPRIATE BOX)

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| --- | --- | --- |
| Mr. Ms. |  | **Administration**  Ministry  Telecom/ICT Agency  **Regulator**  **ITU Sector Member**  Operator  Other  **Regional Organization**  **Academia**  **Other** |
| **Family name:** ………………………………………………………………………….. |  |
| **First name:** ………………………………………………………………………….. |  |
| **Title:** ………………………………………………………………………………………………………………………………………………………… |  |
| **Personal contact details:**  Address: …………………………………………………………………………………………………………..  City: …………………………………………………… Country: ……………………………………………..  E-mail: ………………….………………………………………………………………………………………….  Tel.: (+ Country Code)…………………………………..… Fax: ………………………………………..... | | |
| **Organization contact details:**  Name: ......................................................................................................................................................  Address: ……………………………………………………………………………..……………………………  City: …………………………………………………….. Country: ……………………………………………..  E-mail: …………………………………………………………………………..…………………………………  Tel. (+ Country Code)………………………………………….. Fax: ……………………....……………….. | | |