**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: ……………………....……………….. |