**QUALITY OF SERVICE DEVELOPMENT GROUP – ITU-T STUDY GROUP 12**

**14th – 16th April 2014, Maputo, Mozambique**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Title:** |  |
| **Company:** |  |
| **Telephone:** |  |
| **Fax No:** |  |
| **Email:** |  |
| **Country:** |  |

1. Flight Details:

|  |  |  |
| --- | --- | --- |
| Arrival Date: | Arrival Time: | Flight N°: |
|  |  |  |
| Departure Date: | Departure Time: | Flight N°: |
|  |  |  |

**2. Room Preference**

|  |  |  |
| --- | --- | --- |
| Hotel | Type | Please tick as appropriate |
|  |  |  |
|  |  |  |
|  |  |  |

3. Airport Transfer:

|  |  |
| --- | --- |
|  | Yes / No |
|  |  |

4. Diet requirements: Please tick as appropriate

|  |
| --- |
|  |

Date: / /2014

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