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| World Summit on the Information Society (WSIS) |
| **WSIS+10 MPPs and WSIS+10 High-Level Event**  |

**Question 1: Please tick whatever applies to you:**

[ ]  I am from a **Governmental organization**

Please specify which entity:

[ ]  I am from a **University/Academia**

Please specify which entity:

[ ]  I am a representative of an NGO in consultative status with **ECOSOC**.

Please specify which NGO:

[ ]  I am a representative of an **NGO, civil society or business entity** that was **accredited to WSIS** Summit 2003 or 2005

Please specify which entity and please explain the for not being able to participated in ITU WSIS Forums since 2011:

[ ]  I am from an **NGO, civil society or business entity** that has **neither consultative status** with ECOSOC **nor accreditation** to WSIS, but my entity is involved in Information Society issues.

Please specify which entity:

**Question 2. (for all)**

Address and official/verifiable e-mail of your entity:

Entity email:

Date of creation: Website/blog:

Please indicate the full name of the main member(s) of the Governing body of the entity.

**Question 3. (for NGOs, Civil Society, Business entity, others).** What are the main goal and objectives of your entity?:

**Question 4. (for NGOs, Civil Society, Business entity, others).** What are the main involvements of your entity in the Information Society?:

**Question 5.** Has your *entity* participated in recent meetings on WSIS-implementation and follow-up (Action Line Facilitation meetings, previous WSIS Forum, IGF Forum etc.?). Please indicate which meetings:

**Question 6.** Have *you* participated in recent meetings on WSIS-implementation and follow-up (Action Line Facilitation meetings, IGF Forum etc.?). If yes, please indicate which meetings:

**Question 7.** Please attach your entity’s latest annual activity report with financial statement as well as a copy of the constitution and/by-laws of the entity.

I confirm that I have filled out this form in person and that the above is true and correct:

First Name: Last Name:

Date Signature