

REGISTRATION FORM

LOME REGIONAL CONFERENCE ON THE UNIVERSALIZATION OF THE CONVENTION ON CLUSTER MUNITIONS

LOME, 22-23 MAY 2013

NAME & POSITION:

Last Name:

First Name:

Position/Function:

REQUEST FOR SPONSORSHIP:

yes

no

REPRESENTATION:

Name of Organization:

Name of Country:

CONTACT INFORMATION:

Street Address:

City:

Zip/Postal Code:

Country:

Telephone:

Mobile:

Fax:

Email:

NEED ASSISTANCE FOR VISA ?

yes

no

PASSPORT DETAILS

Passport Number:

Country and Place of Issue:

Date of Issue:

Expiry date:

