

REGISTRATION FORM

SANTIAGO REGIONAL CONFERENCE ON THE PROMOTION OF THE UNIVERSALIZATION OF THE CONVENTION ON CLUSTER MUNITIONS, SANTIAGO, 12-13 DECEMBER 2013



NAME & POSITION

Last Name:

First Name:

Position/Function:

REQUEST FOR SPONSORSHIP

Yes No

REPRESENTATION:

Name of State/Organization:

CONTACT INFORMATION:

Street Address:

City:

Zip/Postal Code:

Country:

Telephone:

Mobile:

Fax:

Email:

VISAS

Need assistance for visa?

PASSPORT DETAILS

Passport Number:

Country and Place of Issue:

Date of Issue:

Expiry date:

