

REGISTRATION FORM

Please fill in and return this form to:
 UNECA by e-mail: ennadozie@uneca.org and igaye@uneca.org
 or
 by Fax: +251-11-551-44-16 or + 251 11-551-22-33

Title (Mr, Ms, Dr., Prof...):		Last Name:		First Name:	
Organisation:					
Position:					
Address:					(Country)
Tel:		Fax:		Cellular:	
E-mail:			Nationality (Passport)		
Passport Number (for visa purposes if applicable):			Country from which you are travelling to Addis Ababa:		
Date and Time of Arrival:			Airline:		
Designation: Leader of Delegation <input type="checkbox"/> Member of Delegation <input type="checkbox"/>					
Please select the appropriate category that applies to you:					
<input type="checkbox"/> Government Official; <input type="checkbox"/> Business; <input type="checkbox"/> Labour; <input type="checkbox"/> Civil Society; <input type="checkbox"/> Academia;					
<input type="checkbox"/> International Organisation; <input type="checkbox"/> Press; <input type="checkbox"/> Other (please specify): _____					