



127<sup>th</sup> Assembly of the Inter-Parliamentary Union and Related Meetings  
 Québec City, Canada  
 21-26 October 2012

127<sup>ème</sup> Assemblée de l'Union interparlementaire et réunions connexes  
 Québec, Canada  
 21-26 octobre 2012



[www.ipu2012uip.ca](http://www.ipu2012uip.ca)

## DELEGATION FORM

**PLEASE COMPLETE AND RETURN THIS FORM NO LATER THAN 7 SEPTEMBER 2012 TO:**

Inter-Parliamentary Union  
 5, chemin du Pommier  
 Case postale 330  
 1218 Grand-Saconnex  
 Geneva, Switzerland  
 Tel. : ++41 22 919 41 50  
 Fax : ++41 22 919 41 60  
 e-mail : [postbox@mail.ipu.org](mailto:postbox@mail.ipu.org)  
 Website : [www.ipu.org](http://www.ipu.org)

**WITH COPY TO:**  
 Canadian Secretariat of the 127<sup>th</sup> IPU Assembly  
 International and Interparliamentary Affairs  
 Parliament of Canada  
 Ottawa Ontario K1A 0A6  
 Canada  
 Tel. : + 1 613 943-5959  
 Fax : + 1 613 944-7497  
 e-mail : [info@ipu2012uip.ca](mailto:info@ipu2012uip.ca)  
 Website : <http://www.ipu2012uip.ca/>

Parliament /Organization: \_\_\_\_\_

	Last Name (Mr./Mrs./Ms.)	First Name	Please indicate titles or functions within the IPU (e.g. President of Group, Head of Delegation)	Would like to register as a Vice-President of the Assembly (One MP per delegation)	Titles or functions within the National Parliament or Organization (e.g. President, Committee member)	For MPs, please also indicate political party	E-mail address
1.							
2.							
3.							

	Last Name (Mr./Mrs./Ms.)	First Name	Please indicate titles or functions within the IPU (e.g. President of Group, Head of Delegation)	Would like to register as a Vice-President of the Assembly (One MP per delegation)	Titles or functions within the National Parliament or Organization (e.g. President, Committee member)	For MPs, please also indicate political party	E-mail address
4.							
5.							
6.							
7.							
8.							
9.							
10.							

## Secretaries and Advisers

	Last Name (Mr./Mrs./Ms.)	First Name	Please indicate titles or functions within the IPU (e.g. Secretary of Group, Member of the ASGP)	Please indicate titles or functions within the National Parliament or Organization (e.g. Secretary General)	E-mail address
1.					
2.					
3.					
4.					

## Accompanying persons

	Last Name (Mr./Mrs./Ms.)	First Name	Name of delegate you will be accompanying
1.			
2.			
3.			
4.			

**Special Requirement(s)** \_\_\_\_\_  
*e.g. food restriction or allergy, physical disability, special blood recipient )*

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_