**REGISTRATION FORM**

Please complete this form and send it back as soon as possible and by no later than: **15.10.2009**

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Fax: +39 06 68211960  
E-mail: conference@ICTParliament.org

Country:

Parliament/Chamber/Institution/Organization:

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### DELEGATES

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<thead>
<tr>
<th>Mr. Ms.</th>
<th>First Name</th>
<th>Last Name</th>
<th>Titles and functions</th>
<th>E-Mail</th>
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### FOCAL POINT OF DELEGATION

Ms. ☐ Mr. ☐ Title: ________________________________________________________________

First Name: ________________________________________________________________

Last Name: ________________________________________________________________

Telephone: ________________________________________________________________

E-Mail: ________________________________________________________________

Date: __________________ Signature: __________________

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