REGISTRATION FORM

Parliament of ____________________________________________

or Organization ____________________________________________

DELEGATES

<table>
<thead>
<tr>
<th>NAME (Mr./Ms.)</th>
<th>PARLIAMENTARY FUNCTION1</th>
<th>ACCOMPANIED BY (Personal Assistants, secretaries, press officers interpreters &amp; others)</th>
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Authorized Signature: _______________________________

1 Please specify if you are an MP or Senator, as well as membership of parliamentary committees or other parliamentary appointments. Please list the Head of IPU Delegation first.

Kindly fill out and return this form no later than 15 OCTOBER 2007.
Return by fax to the Office of International Relations and Protocol Facsimile: +63.2.552.6794; +63.2.551.2006

Organizing Committee
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