



**Conference on
Ensuring Access To Health For All Women And Newborn -
The Role Of Parliaments**
Kampala, 23-25 November 2009

REGISTRATION FORM

(one per person)

To be returned by **6 November** at the latest

| | | |
|--|--------------------|--|
| Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> | First Name: | |
| Last Name: | | |
| Name of Parliament/Chamber: | | |
| Country: | | |
| Function: Member of parliament: <input type="checkbox"/> Senator: <input type="checkbox"/> Aide or staff person: <input type="checkbox"/> Full title: _____ | | |

| | |
|---|--|
| Participant's direct email address¹ | |
| Personal Email: | |
| Office Email: | |

[For parliamentarians only]

| | |
|---|--|
| Please list up to three parliamentary committees to which you belong | |
| 1: | |
| 2: | |
| 3: | |

Please return this form to:

Mr. Cosian Oyata
Principal Private Secretary/Office of The Deputy Speaker
c/o Parliament of Uganda
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IPU Secretariat

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¹ This information will be used to provide each individual participant with a copy of the final report of the meeting. Participants will also be registered to receive the IPU eBulletin, an electronic newsletter that provides information on IPU activities around the world.