REGISTRATION FORM

To be completed and returned as soon as possible

PARLIAMENT: ___________________________________________________________

A. Members of the delegation

1. Family name  
(Mr., Mrs., Ms. - please specify)
First name  
Title  

2. Family name  
(Mr., Mrs., Ms. - please specify)
First name  
Title  

B. Secretaries / Advisers / Accompanying persons

1. Family name  
(Mr., Mrs., Ms. - please specify)
First name  
Title  

2. Family name  
(Mr., Mrs., Ms. - please specify)
First name  
Title  

Date: ___________________________   Signature ________________________________

Please return this form:

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Telephone: (41 22) 919 41 50
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1218 Le Grand Saconnex/GE  
(Switzerland)