**REGISTRATION FORM**

PLEASE COMPLETE ONE FORM FOR EACH PARTICIPANT

<table>
<thead>
<tr>
<th>Ms. □ Mr. □</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Parliament/Chamber</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Member of parliament □</th>
<th>Senator □</th>
<th>Aide or staff member □</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Full Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Head of delegation to the meeting □</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Direct email addresses**

<table>
<thead>
<tr>
<th>Participant email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Office email</th>
</tr>
</thead>
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<td></td>
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</tbody>
</table>

**[For parliamentarians only]**

Please list three parliamentary committees to which you belong

<table>
<thead>
<tr>
<th>1.</th>
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<table>
<thead>
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<th>2.</th>
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<table>
<thead>
<tr>
<th>3.</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Please submit all forms to the IPU New York office by fax +1 212 557 3954 or email ny-office@ipu.org