

Symposium on Illegal International Traffic in Hazardous Chemicals
Prague-Průhonice, Czech Republic, 6-8 November 2006

Please fill in and return this form to
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REGISTRATION FORM

Please PRINT, do not abbreviate

Please return this form by: 6 October 2006

**For participants that requires visas for
entering the Czech Republic the form should
be returned by: 6 September 2006**

COUNTRY:

GOVERNMENT IGO NGO OTHER (please specify) _____

ORGANIZATION/INSTITUTION: _____

Participant's data:

Mr. Ms. **FIRST NAME:**
FAMILY NAME:

PASSPORT NO. **PLACE, DATE OF ISSUE** **EXPIRY DATE**

NATIONALITY **PLACE AND DATE OF BIRTH (dd/mm/yy)**

FUNCTIONAL TITLE: _____

SECTION/DEPARTMENT: _____

ADDRESS: _____

POST CODE: **CITY:** **COUNTRY:**

TELEPHONE (country and city code) **FAX (country and city code)** **EMAIL**

TELEPHONE 2 (country and city code) **FAX 2 (country and city code)** **EMAIL 2**

DATE: _____ **SIGNATURE** _____

Important note:

It is essential that we receive Registration Form by the deadline indicated above. We will not be able to process incomplete forms.

Thank you for your understanding and co-operation. PLEASE FILL THE FORM IN CAPITAL LETTERS