

Economic Commission for Europe

Inland Transport Committee

Working Party on the Transport of Dangerous Goods

**Joint Meeting of the RID Committee of Experts and the
Working Party on the Transport of Dangerous Goods**

Bern, 17–21 March 2014

Item 1 of the provisional agenda

Adoption of the agenda

13 January 2014

Access to the Universal Postal Union building (UPU)

Information from the Secretariat of OTIF

1. As name badges must be worn in the Universal Postal Union (UPU) building, the Secretariat of OTIF will need the registration forms with all the details prior to the RID/ADR/ADN Joint Meeting (Berne, 17 – 21 March 2014).
 2. Please complete and send the attached form by **7 March 2014 at the latest** by e-mail to info@otif.org or by fax to +41 31 359 10 11.
 3. This registration form is also attached to the official OTIF letter of invitation A 81-02/501.2014 of 9 January 2014.
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OTIF



Fiche individuelle d'inscription Persönliches Anmeldeformular Personal Registration Form

A retourner dûment remplie au plus tard le **07.03.2014**
Vollständig ausgefüllt zurücksenden spätestens bis zum **07.03.2014**
Transmit duly filled-in at the latest by **07.03.2014**

Par/per/by Fax + 41 – 31 359 10 11
Par/per/by E-mail info@otif.org

Titre de la session Titel der Tagung Title of the session		Réunion commune RID/ADR/ADN Gemeinsame RID/ADR/ADN-Tagung RID/ADR/ADN Joint Meeting (Berne, 17-21.03.2014)	
Etat membre Mitgliedstaat Member State <input type="checkbox"/>		Organisation <input type="checkbox"/>	
Lequel / laquelle : Welcher / Welche : Which one :			
Participation Teilnahme Participation		du von from	au bis until
Catégorie Kategorie Category		Chef de délégation Delegationsleiter Head of Delegation <input type="checkbox"/>	Suppléant Stellvertreter Delegation Member <input type="checkbox"/>
		Expert Sachverständiger Expert <input type="checkbox"/>	Observateur Beobachter Observer <input type="checkbox"/>
Mme/Fr./Mrs. <input type="checkbox"/> M./Hr./Mr. <input type="checkbox"/>			
Nom / Name / Family Name			
Prénom / Vorname / First Name			
Fonction officielle Dienstliche Stellung Official position			
Adresse professionnelle ¹ Dienstadresse ¹ Permanent Official Address ¹			
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Site Internet ¹ Website ¹ Website ¹			
Dans quelle langue préférez-vous recevoir les documents ? ¹ In welcher Sprache möchten Sie die Dokumente erhalten? ¹ Document language preference? ¹		FR <input type="checkbox"/>	<input type="checkbox"/>
		DE <input type="checkbox"/>	<input type="checkbox"/>
		EN	
Date / Datum / Date			

¹ À remplir que si vous participez pour la première fois ou s'il y a des modifications.
Angabe nur bei erstmaliger Teilnahme oder bei Änderungen erforderlich.
Please provide only if you are participating for the first time or if there are any changes.