

UNITED NATIONS OFFICE AT GENEVA

Conference Registration Form Date: __

Date:	

Please send this completed form to Ludmila Boichuk by fax +41 22 917 0107 or by e-mail ludmila.boichuk@unece.org, and BRING THIS ORIGINAL with you to Geneva.

Title of the Conference

Title of the Conferen	ice						
Transboundary Co	ontext, in conjun	of the Parties to the Conventiction with the 1 st session of these to the Protocol on Strategi	ne Meeting of the P	Parties to the Convention			
Delegation/Participa	nt of Country, Org	ganization or Agency					
Participant							
Mr.	Family Name		First Name				
Mrs.							
Ms.	Date of Birth: / / (dd/mm/yyyy)						
Participation Catego	ory						
Head of Delegation		Observer Organization		Participation			
Delegation Member	$\overline{}$	NGO (ECOSOC Accred.)	From				
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