

REGISTRATION FORM

Autumn Meeting of OSCE Parliamentary Assembly Andorra la Vella, 3-5 October 2017

Each delegation is kindly asked to complete this form and return it <u>no later than 25 August 2017</u> to:

Ms. Odile Lelarge Fax: (+45) 33 37 80 30 E-Mail: odile@oscepa.dk **Ms. Gemma Bosch Fax:** (+376) 869 510

E-mail: info@osceandorra.ad

Country or organization:	
Contact Person:	
Telephone:	
Fax:	
E-mail:	
Hotel in Andorra:	

Delegation registration

Last name, First name, Mr./ Ms.	Title(s)	Standing	Accompanied	Arrival	Time	Flight	Depart.	Time	Flight
	Speaker of the Parliament,	Committee	by:	date		N°	date		N°
	Vice-President, Head / Member of delegation,	(x)							
	Secretary of delegation, etc								

Delegation registration

Last name, First name, Mr./ Ms.	Title(s) Speaker of the Parliament, Vice-President Head /	Standing Committee (x)	Accompanied by :	Arrival date	Time	Flight N°	Depart. date	Time	Flight N°
	Speaker of the Parliament, Vice-President, Head / Member of delegation, Secretary of delegation, etc	(X)							
Date:	Sig	nature:							