

“Digital Transformation – Challenges and Opportunities for Women to Shape Economic Progress in the OSCE Area”

Vienna, 30 October 2018

Registration Form

Please submit this form **not later 22 October 2018** by e-mail to elke.lidarik@osce.org

SECTION 1

Please complete in **ENGLISH** and in **CAPITAL LETTERS**

Family Name: Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	Given Names:
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Please tick the correct box and indicate which country/organization/OSCE/NGO etc you are representing:

<input type="checkbox"/> Participating State Please indicate country:	<input type="checkbox"/> Partner for Co-operation Please indicate country:	<input type="checkbox"/> International Organization Please indicate name of organization:
<input type="checkbox"/> OSCE Secretariat Please indicate department:	<input type="checkbox"/> OSCE Field Operation Please indicate name of FO:	<input type="checkbox"/> OSCE Institution Please indicate name of institution:
<input type="checkbox"/> NGO Please indicate name of NGO:		<input type="checkbox"/> Other:

Title / Position as to appear on the list of participants:

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Tel No. <u>with all prefixes, including national code:</u>	E-mail address:
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Special physical needs :

YES

NO

SECTION 2

TO BE FILLED IN BY NOT PERMANENTLY ACCREDITED DELEGATION MEMBERS AND PERSONS REQUESTING VISA SUPPORT LETTERS

Should you require visa support, (a) the passport copy as well as information on (b) which Embassy the letter should be sent to, (c) the date of visa appointment and (d) who is funding the travel, should be sent to elke.lidarik@osce.org. Please note that it can take up to 14 days to process, so applications should be lodged as soon as possible

<i>Nationality</i>		<i>Current country of residence</i>		<i>Date of birth</i>					
				<i>Day</i>	<i>Month</i>	<i>Year</i>			
<i>Passport number</i>		<i>Issued on and by</i>		<i>Passport type</i>			<i>Expiry date</i>		
				<i>Diplomatic</i>	<i>National</i>	<i>Other</i>	<i>Day</i>	<i>Month</i>	<i>Year</i>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Arrival		Flight #:		Departure			Flight #:		
Date:		Time:		Date:			Time:		