



JOURNALISTS' SAFETY, MEDIA FREEDOM AND PLURALISM IN TIMES OF CONFLICT

15-16 June 2015 - Hofburg Conference Centre, Vienna

Registration Form

Please submit this form **no later than 5 June 2015** by e-mail to FOMConf2015@osce.org

SECTION 1 (To be filled in by all participants)

Please complete by typing over the grey fields; to tick the check boxes, please double click on them and choose the "checked" option

| | |
|---|--------------|
| Family Name: Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> | Given Names: |
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|---|---|---|---|---|---|------------------------------|---|---|---|---------------------------------|--|--|
| Representing: Name of Outlet/Organization/Institution/Country: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Please tick one of the categories below: | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Media Professional</td> <td><input type="checkbox"/> Partner for Co-operation</td> <td><input type="checkbox"/> International Organization</td> <td><input type="checkbox"/> Academic Community</td> </tr> <tr> <td><input type="checkbox"/> OSCE Secretariat</td> <td><input type="checkbox"/> NGO</td> <td><input type="checkbox"/> OSCE Participating State</td> <td><input type="checkbox"/> OSCE Field Operation</td> </tr> <tr> <td><input type="checkbox"/> OSCE Institution</td> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> </tr> </table> | <input type="checkbox"/> Media Professional | <input type="checkbox"/> Partner for Co-operation | <input type="checkbox"/> International Organization | <input type="checkbox"/> Academic Community | <input type="checkbox"/> OSCE Secretariat | <input type="checkbox"/> NGO | <input type="checkbox"/> OSCE Participating State | <input type="checkbox"/> OSCE Field Operation | <input type="checkbox"/> OSCE Institution | <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Media Professional | <input type="checkbox"/> Partner for Co-operation | <input type="checkbox"/> International Organization | <input type="checkbox"/> Academic Community | | | | | | | | | |
| <input type="checkbox"/> OSCE Secretariat | <input type="checkbox"/> NGO | <input type="checkbox"/> OSCE Participating State | <input type="checkbox"/> OSCE Field Operation | | | | | | | | | |
| <input type="checkbox"/> OSCE Institution | <input type="checkbox"/> Other: | | | | | | | | | | | |

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| Title/Position as to appear on the list of participants: |
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| | |
|---|--|
| Mobile No. <i>with all prefixes, including national code:</i> | E-mail address: |
| | |
| Tel. No. <i>with all prefixes, including national code:</i> | Fax No. <i>with all prefixes, including national code:</i> |
| | |
| Current country of residence: | Any important additional information: |
| | |

SECTION 2 (Only participants requesting confirmation of participation for obtaining a visa)

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| For my visa application, I would require a letter of confirmation of participation <input type="checkbox"/> <i>(if applicable)</i> |
| A copy of relevant page(s) of the passport should be annexed to the registration form and sent to FOMConf2015@osce.org . Please note that it can take up to 14 days to process, so applications should be submitted as soon as possible. |

| Nationality | Current country of residence | Date of birth | | |
|-------------|------------------------------|---------------|-------|------|
| | | Day | Month | Year |
| | | | | |

| Passport number | Issued by | Passport type | | | Expiry date | | |
|-----------------|-----------|--------------------------|--------------------------|--------------------------|-------------|-------|------|
| | | Diplomatic | National | Other | Day | Month | Year |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| Arrival | | Flight #: | | Departure | | Flight #: | |
|---------|--|-----------|--|-----------|--|-----------|--|
| Date: | | Time: | | Date: | | Time: | |
| | | | | | | | |

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| In Vienna, during the event, I will stay at (leave blank if you don't know yet): |
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