



INTER-PARLIAMENTARY UNION

124th Assembly and related meetings

Panama City, Panama, 15 – 20 April 2011



REGISTRATION FORM

PLEASE COMPLETE AND RETURN THIS FORM NO LATER THAN TUESDAY, 28 FEBRUARY 2011 TO:

Secretariat of the Host Parliament of the 124th IPU Assembly
 ATLAPA Convention Center
 Vía Israel and Vía Cincuentenario
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 Website : www.ipu.org

Parliament /Organization: _____

	Last Name (Mr./Mrs./Ms.)	First Name	Please indicate titles or functions within the IPU (e.g. President of Group, Head of Delegation)	Would like to register as a Vice-President of the Assembly (One MP per delegation)	Please indicate titles or functions within the National Parliament or Organization (e.g. President, Secretary General)	For MPs, please also indicate political party	Accompanied by
1							
2							
3							
4							
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8							
9							
10							

Special Requirement (s) _____
(e.g. food restriction or allergy, physical disability, special blood recipient)



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REGISTRATION FORM

Secretaries and Advisers

Parliament / Organization: _____

	Last Name (Mr./Mrs./Ms.)	First Name	Please indicate titles or functions within the IPU (e.g. Secretary of Group, Member of the ASGP)	Please indicate titles or functions within the National Parliament or Organization (e.g. Secretary General)	Accompanied by
1					
2					
3					
4					

Special Requirement (s) _____

(e.g. food restriction or allergy, physical disability, special blood recipient)

Date: _____

Signature: _____