



Regional Meeting of Young Parliamentarians of Africa

Empowering youth: Enhancing political participation for more inclusive and peaceful societies

Abuja, Nigeria, 27-28 September 2017

One form per participant

REGISTRATION FORM

Country						
Mr. □ Ms. □						
Name	First		Middle (if any)		Surname	
Date of Birth (dd/mm/yyyy)						
Parliament (Chamber)/ Organization						
Function	Member of Parliament □		Senator □		Aide or staff □	
	Other □:					
Full title						
Type of Passport	Diplomatic	Official		Ordinary □	Other □ :	
Passport No.				Nationality		
Office e-mail Address						
Personal e-mail Address						
Date of arrival and flight number						
Date of departure and flight number						
Telephone:		Fax				
Date: Signature:						

Please return this form to the addresses below no later than 13 September 2017.

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