



# Fifth Annual Meeting of Women Speakers of Parliament

Vienna, 13-14 July 2009

organised by the National Council of Austria and the Inter-Parliamentary Union

## REGISTRATION FORM

To be completed and returned as soon as possible

**PARLIAMENT:** \_\_\_\_\_

A. Members of the delegation

1. Family name \_\_\_\_\_  
(**Mr., Mrs., Ms.** - please specify)

First name \_\_\_\_\_

Title \_\_\_\_\_

2. Family name \_\_\_\_\_  
(**Mr., Mrs., Ms.** - please specify)

First name \_\_\_\_\_

Title \_\_\_\_\_

B. Secretaries / Advisers / Accompanying persons

1. Family name \_\_\_\_\_  
(**Mr., Mrs., Ms.** - please specify)

First name \_\_\_\_\_

Title \_\_\_\_\_

2. Family name \_\_\_\_\_  
(**Mr., Mrs., Ms.** - please specify)

First name \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Please return this form:

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