**REGISTRATION FORM**

**WUCWO General Assembly 2018 ‐ Dakar, Senegal (15‐22 October 2018)**

**PERSONAL INFORMATION (Please complete one registration form per person)**

**Member organisation:**

**Name** (as printed on your passport):

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** (as you wish it to appear on your name badge):

|  |  |  |
| --- | --- | --- |
| **Passport number:** | **Male □** | **Female □** |
|  |  | |
| **Passport date of issue:** | **Passport date of expiration:** | |
|  |  |  |
| **Country of citizenship:** | **Date of birth:** |  |
|  |  |  |
| **Home address:** |  |  |

|  |  |
| --- | --- |
| **Home phone:** | **Work phone:** |
|  |  |
| **Mobile phone:** | **Email address:** |
|  |  |

**CHOOSE YOUR PARTICIPATION**

□ 1. Full in single room □ 2. Full in double room

□ 3. Full in triple room □ 4. Simple participation (without accommodation, meals or transfers)

**If you choose a double or triple room, please indicate the names of your roommates, if known at the time of booking:**

**EMERGENCY CONTACT**

**Please list the name, relationship and phone number for a family member/close friend who is NOT traveling with you:**

Please send this completed registration form along with the transfer receipt

for the amount of **300 EUR or** **$ 335 USD** per person to

[2018dakarsenegal@gmail.com](mailto:2018dakarsenegal@gmail.com) before 1 May 2018.