ANNEX 2

West Africa Workshop on Policy and Regulatory Frameworks for Cybersecurity and CIIP

Praia, Cape Verde, 27 - 29 November 2007

PRE-REGISTRATION FORM

Form to be returned to
ITU Area Office for West Africa, Dakar, Senegal by email: anna.barboza@itu.int or by fax: + 221 822 80 13
with a copy to ANAC, Cape Verde by fax: +238 261 30 69, by **20 October 2007**

1. Mr./ Ms.
_____
(family name) (first name)

2. Official title: _____

3. Organization: _____

4. Address: _____

5. Country: _____ **Nationality:** _____

6. TEL: _____ **FAX:** _____ **E-MAIL:** _____

7. Passport No. : _____ **Place of Issue:** _____

8. Date of Issue: _____ **Expiry Date:** _____

9. Date of Birth: _____ **Place of Birth:** _____

10. Place of getting visa: _____
(in your country of other country on the journey)

11. Affiliation with ITU
- ☐ Administration of ITU Member State
- ☐ ITU Sector Member
- ☐ ITU Associate Member
- ☐ Non-Member

FLIGHT INFORMATION

Date of Arrival	Time of Arrival	FLIGHT NO.
Date of Departure	Time of Departure	FLIGHT NO.

HOTEL RESERVATION

Name of hotel:.....

☐ Single Executive Room ☐ Double Executive Room
☐ Executive Club Suites (Single) ☐ Executive Club Suites (Double)

Date In: _____ Date Out: _____

Date: _____	Signature: