



## CPISRA General Assembly and Workshop in Stockholm, Sweden 29-30 October 2010

### REGISTRATION FORM (one per person)

Family name: .....

First name: .....

Passport nr: .....

Passport expiry date: .....

Nationality: .....

Place of Birth: .....

Gender: .....

Emergency Contact Information: ..... Relationship: .....

Organization: .....

Type of accreditation:  1<sup>st</sup> delegate (with vote)  2<sup>nd</sup> delegate (without vote)

Observer  CPISRA board member  Media

Address: .....

Tel: ..... Fax: .....

E-mail: .....

### Accommodation at Scandic Foresta Hotel, Stockholm

Please specify the following:

Single room  Double room to be shared with .....(name)

Check-in date: .....

Departure date: .....

Wheelchair user:  Yes

No

Special needs or requests (dietary concerns, eg. Diabetes): .....

.....

Seal & Signature: .....

Designation: .....

Please complete and return this Registration Form to [shif@shif.se](mailto:shif@shif.se) by 1st September 2010 or by Fax nr. +46 86996274, thanks!

Transportation information (flight details) will be requested at a later date