

ASSOCIATION OF CARIBBEAN STATES (ACS)

XX MEETING OF THE SPECIAL COMMITTEE FOR DISASTER RISK REDUCTION
 Port of Spain, Republic of Trinidad and Tobago, 22nd-23rd November, 2012

REGISTRATION FORM

To be sent to: Sandra Fonseca: sfonseca@acs-aec.org and /or
 Patricia Phillip: pphillip@acs-aec.org Fax: 1 (868) 622 1653

NAME: _____

TITLE: (CIRCLE ONE) MR MRS MS DR OTHER _____

DESIGNATION: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____

COUNTRY: _____

TEL: _____

FAX: _____

E-MAIL: _____

NATIONALITY : _____

PASSPORT NO: ORDINARY () DIPLOMATIC () OTHER ()

(IF VISA IS REQUIRED) _____

ISSUE DATE: _____ **EXPIRY DATE:** _____

ARRIVAL DATE: _____ **FLIGHT NO:** _____ **TIME:** _____

DEPARTURE DATE: _____ **FLIGHT NO:** _____ **TIME:** _____
