

REGISTRATION FORM						
TITLE/ RANK :	DR.	MR.	MRS.	MS.	OTHERS	
NAME	FIRST	MIDDLE	LAST			
DATE OF BIRTH	DAY	MONTH			YEAR	
PASSPORT	TYPE		NUMBER		EXPIRATION DATE	
COUNTRY			NATIONALITY			
POSITION			ORGANIZATION			
CONTACT INFORMATION	OFFICE ADDRESS					
	PHONE		FAX	E-mail		
CONTACT PERSON						
TRANSPORT INFORMATION	ARRIVAL INFORMATION					
	Date		Flight number	Time		
	DEPARTURE INFORMATION					
	Date		Flight number	Time		
ACCOMMODATION	HOTEL RESERVATION PREFERENCES (please list in order of preference)					
	1)					
	2)					
3)						
LOGISTICAL REQUESTS (please list here requests like : bilateral meeting room, delegation office, etc)						
BLOOD TYPE	MEDICAL REQUIREMENTS		DIETARY REQUIREMENTS			
SECURITY PERSONNEL INFORMATION						
FIRST NAME	LAST NAME	DATE OF BIRTH			PLACE OF BIRTH	NATIONALITY
		Day	Month	Year		
PASSPORT TYPE AND NUMBER	TYPE AND CALIBER OF FIREARM		SERIAL NUMBER OF FIREARM			NUMBER OF BULLETS

Please return to the Summit Secretariat
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 e-mail: BucharestSummit_registration@mae.ro