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| MEETING REGISTRATION FORM |
| Pre-SOM 19, SOM-19, MM-9Dili, Timor Leste | **FUNDED BY:****CTI-CFF RS \_\_\_****Self-funded\_\_\_****Other \_\_\_\_**  |
| 1. **Family Name**

 | **2. First and Middle Names**  |
| **3. Position/Title**  |  **4. Gender (Male or Female)**  |  **5. Citizenship (Country)** |
| **6. Organization**  | **7. Arrival Date** |  **8. Departure Date** |
| **9. Point of Origin** | **10. Departure Flight and Time** |
| **11. Address**  | **12. Passport Number** | **13. Passport Country of Issue** |
| **14. Dietary Restrictions (vegetarian, halal, other)** |
| **15. Email**  | **16. Telephone Numbers *(include country code)*** |
| **ROLE in the Meeting:****\_\_\_ COM****\_\_\_ CSO****\_\_\_ Working Group Chair** **\_\_\_ Partner Representative****\_\_\_ Invited Resource Person****\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **HOTEL ROOM REQUEST:****\_\_ Smoking \_\_\_ Single** **\_\_ Non-Smoking \_\_\_ Double** **Other request:** |
| **Please return this form with the scanned copy of your Passport to regional.secretariat@cticff.org****on or before 31 October 2024** |