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| MEETING REGISTRATION FORM | | |
| Pre-SOM 19, SOM-19, MM-9  Dili, 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** | | |