

UNITED NATIONS GENEVE CONFERENCE PARTICIPANT REGISTRATION FORM

LONG DURATION / EXPERT FORM

Please use block capitals when filling in this form

Name of Delegate			
Participant of Country / Organization / Agency			
Expected date of arrival		Number of conference you attend each year	
Official Occupation			
Passport Number		Passport Expiration date	
Office Telephone No.		Office fax No.	
Email Address			
Permanent Official Address or Home Address	SS		
Signature of Delegate			
			7
Name of Authorizing Office	er		
Signature of Authorizing Officer			Please attach a recent COLOUR photograph here if form is sent by post in advance of conference date. Please print your name on the
Section stamp and date			reverse side of the photograph.
from governmental institu	utions and/or governmental organiza	e responsible Host Secretariat for participations by using the Long Duration/Expert (4) or more conferences/meetings per yea	Form.
The date of validity is set l	by the Security Identification office.		
	sentatives of Non-Governmental Org editation with the NGO Liaison Offic	anizations in consultative status with ECO re, UNOG.	SOC may be
	-Governmental Organizations NOT i rrence. Please use the Conference Re	n consultative status with ECOSOC requi gistration Form.	re a conference
	FOR SECURITY US	SE ONLY	
D CARD NUMBER :	VALID FROM :	VALID UNTIL	: