**Registration Form**

Please type (no handwriting) this registration form and send it to the Secretariat via Email: [gctpap.secretariat@gmail.com](mailto:gctpap.secretariat@gmail.com)

\* Please register at your earliest convenience, no later than 20 October 2024.

\*\*We request separate registration forms for each individual/accompanying person.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First *(Given)* Name** |  | | | | | | | **Photo** | |
| **Last *(Family)* Name** |  | | | | | | |
| **Gender** | **□** M | | | **□** F | | | |
| **Date of Birth (d/m/y)** |  | | | | | | |
| **Title/Position** |  | | | | | | |
| **Name of Institution** |  | | | | | | | | |
| **Address** |  | | | | | | | | |
|  | | | | | | | | |
| **City** |  | | **Country** | | |  | | | |
| **Email** |  | | | | | | | | |
| **Office Phone** |  | | **Mobile Number** | | |  | | | |
| **Preferred Type of Transportation**  **from/to the Airport** | **□** Arranged by the Host **□** Personally Arranged | | | | | | | | |
| **Passport Number** |  | | **Date of Issue (d/m/y)** | | |  | | | |
| **Date of Expiry (d/m/y)** | | |  | | | |
| **Dietary Preferences** | □ No Pork □ No Beef  □ No Dairy □ Other: \_\_\_\_\_\_\_\_ | | | | | | | | |
| **Check-in Date** |  | | **Check-out Date** | | | |  | | |
| **Arrival Flight** | **Flight #** |  | **Date** | |  | | **Time** | |  |
| **Departure Flight** | **Flight #** |  | **Date** | |  | | **Time** | |  |
| **Type of Participation** | □ Speaker (Head of Delegation only) □ Non-Speaking Participant | | | | | | | | |
| **Session of Speech**  (Please choose one and for HoD only) | □ 1st Session  □ 2nd Session | | | | | | | | |
| **Tour on 25 November** | □ Yes □ No | | | | | | | | |

**Signature of Delegate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_