**Conference on the Review of the Mediterranean Strategy for Sustainable Development**

**17-18 February 2015, Malta**

**REGISTRATION FORM**

(Please write in English and in BLOCK letters)

|  |  |  |  |
| --- | --- | --- | --- |
| **To be returned upon nomination of participant(s) to**  **Ms. Nathalie Gomez, nathalie.gomez@unepmap.gr / fax: +30 210 7253196-7 and copy mssdconference@vonbrockdorff.com** | | | |
| **(Mr/Mrs/Ms):** |  | | |
| **First Name:**  **as indicated in ID / Passport** |  | | |
| **Family Name:**  **as indicated in ID / Passport** |  | | |
| **Date of Birth:** |  | **Gender (F/M):** |  |
| **Nationality:** |  |  |  |
| **Representative of:** |  | **Title/Position:** |  |
| **Telephone:** |  | **Mobile :** |  |
| **Fax:** |  | **E-mail:** |  |
| **Official Address** |  | **City:** |  |
|  | **Zip Code :** |  |  |
| **TRAVEL** | | | |
| **Departure City :** |  | **Return City :** |  |
| **IF YOUR TRAVEL IS NOT ORGANIZED BY THE SECRETARIAT PLEASE INDICATE INBOUND AND OUTBUND DATES AND FLIGHTS** | |  | |
| **ACCOMMODATION AND CONFERENCE FEE** | | | |
| **Delegates wishing to stay at the conference venue should kindly contact** [**mssdconference@vonbrockdorff.com**](mailto:mssdconference@vonbrockdorff.com) | | | |
| **VISA** | | | |
| **VISA**  ***(please check relevant box)*** | **YES, I need visa**  **NO, I do not need a visa** | | |
| **FILL IN ONLY IF VISA NEEDED** | | | |
| **No. Passport :** |  | | |
| **Issuance date:** |  | | |
| **Expiry date:** |  | | |
| **Please indicate any dietary requirements and/or allergies prior to your arrival so as to make the necessary arrangements:** | | | |
| **Dietary requirements** |  | | |
| **Allergies**  (e.g. allergy to feathers, etc.) |  | | |