**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)

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| **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** |
| **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.) |  |