



PRE-REGISTRATION FORM

Please fill this form, in upper case (capitals), as you would like it to appear in the **LIST OF PARTICIPANTS**. Please do not abbreviate your entries.

Meeting title: **The joint 7th Meeting of the Conference of the Parties to the Vienna Convention for the Protection of the Ozone Layer and 17th Meeting of the Parties to the Montreal Protocol on Substances that Deplete the Ozone Layer**
12 to 16 December 2005, Dakar, Senegal

Mr./Mrs./Ms./Dr./Prof. (First name) _____ (Surname) _____

Mailing Address:

Functional title (if any): _____

Section/Department: _____

Government/Institution/Agency _____

Official Postal Address: _____

_____ City: _____ Zip code: _____

Country: _____ Telephone: _____ Fax: _____

Email address: _____

Please tick your designation below:

Minister/Sec. of State Deputy Minister Permanent Secretary Expert Other (_____)

Please tick below your capacity in this meeting:

Head of Delegation Alternate Adviser Expert Observer Other (_____)

In this meeting, you are attending as a representative of:

Government: _____

United Nations Agency or Programme: _____

Inter-Governmental Organization (IGO): _____

Non-Governmental Organization (NGO): _____

Industry: _____

Others: _____

Date of Arrival at meeting venue: _____

Date of Departure: _____

Please indicate your address at the venue of the meeting:

Hotel/Accommodation. _____ Room No. _____ Tel: _____

Signature: _____ Date: _____

Please complete and return to:

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The Secretariat for the Vienna Convention and
Montreal Protocol (Ozone Secretariat)
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