REGISTRATION FORM
Participating in the 8h APA Plenary
Phnom Penh – Kingdom of Cambodia on 7- 12 December 2015

Please fill in one form for each individual participating delegate in CAPITAL letters, and return no later than 30 November, 2015.

Delegation of: ……
Name of Parliament

Title: ☐ Mr. ☐ Ms. ☐ Dr.
First Name:

Last Name:

Position: ……☐..Head of delegation ☐ Member of delegation

Passport No: Date of birth (d/m/y) Place of birth (City, Country)
……

Passport issue date: Passport expiry date: Place of visa issuance (City, Country)

Tel No. ……..
Country Code - City Code - Number

Mobile No.

Fax No.

Email Address:

Flight Details

	Date	Airline & Flight number	Time	Explanation
Arrival				
Departure				

Please forward (fax or e-mail) the completed form to both the **Host's Secretariat** as well as CC to the **APA Secretariat:**

Hosts' Secretariat:
Email: thulheang@gmail.com
hokcscc@yahoo.com
Fax : 00855 23 218 195
Phone: 00855 12 761 666
00855 12 855 789

CC to APA Secretariat:
Email :secretariat@asianparliament.org
Fax : (+98-21) 26118809
Phone : (+9821)26118827&26118829