ASIAN PARLIAMENTARY ASSEMBLY
The 9th PLENARY SESSION

27 November - 02 December 2016
Siem Reap, Kingdom of Cambodia

REGISTRATION FORM

Please fill in one form for each participating delegate in CAPITAL letters, and return by 20 November 2016

Delegation of: …….
Name of Parliament

Title: ☐ Mr. ☐ Ms. ☐ Dr.
First Name:

Last Name:

Position in the Parliament: ……

- Please indicate if you are : ☐ Head of delegation ☐ Member of delegation ☐ Secretary/Assistant

Passport No:

Date of birth: (d/m/y)

Place of birth (City, Country)
……

Passport issue date: (d/m/y)

Passport expiry date: (d/m/y)

Place of visa issuance (City, Country)
……

Tel No.: ……..
Country Code - City Code - Number
Mobile No.: ……
Fax No.: ……..
Email Address: ……..

Flight Details

	Date	Flight Number	From/ To	Time
Arrival				
Departure				

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

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thulheang@gmail.com
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CC to APA Secretariat:
Email : secretariat@asianparliament.org
Fax : (+98 21) 26118809
Phone : (+98 21) 26118827 - 26118829 - 26118869