**ASIAN PARLIAMENTARY ASSEMBLY**

**The 9th PLENARY SESSION**

**27 November- 02 December 2016**

**Siem Reap, Kingdom of Cambodia**

4

**REGISTRATION FORM**

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

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| **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:**  **Hosts’ Secretariat:**   |  |  | | --- | --- | |  | **CC to APA Secretariat:**  **Email** : **secretariat@asianparliament.org**  **Fax : (+98 21) 26118809**  **Phone :** **(+98 21) 26118827 - 26118829 - 26118869** |   **Email:**  [**cambodia\_apagroup@yahoo.com**](mailto:cambodia_apagroup@yahoo.com)  [**thulheang@gmail.com**](mailto:thulheang@gmail.com)  **hokcscc@yahoo.com**  **Fax : (855-23) 218 195**  **Tel : (855-23) 218 195**  **HP : (855-12) 761 666**  **: (855-12) 855 789** |