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| **REGISTRATION FORM** |
| Please fill in your name and complete address, telephone and telefax numbers as well as e-mail address (in block capitals, please) |
| Name  |       |
| Head of Delegation | [ ]  | Delegate | [ ]  | Other | [ ]  |
| Country/Observer |       |
| Complete address |       |
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|       |
|       |
|       |
| Telephone |       |
| Telefax |       |
| E-mail |       |
| Date of Arrival |       |
| Date of Departure |       |
|  |  |
| **Please, return** the completed form with a copy to the organizer latest by: 14.01.13 |
| **HELCOM Secretariat:****Minna Pyhälä****minna.pyhala@helcom.fi****Fax: +358 (0) 207 412 645** |  |  |
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