

**ASEP VI REGISTRATION FORM**

September, 26-28, 2010

**COMPOSITION OF DELEGATION  
REGISTRATION FORM**  
(form available also on [www.asep6.be](http://www.asep6.be))Please complete in capital letters and return this form by **August 27, 2010** by email or telefax to :

ASEP Secretariat

Email : [info@asep6.be](mailto:info@asep6.be)

Fax : + 32 2 549 83 02

**PARLIAMENT**

Parliament and country \_\_\_\_\_ :

**HEAD OF DELEGATION**Mr  Mrs/Ms 

Family name \_\_\_\_\_ First name \_\_\_\_\_

**OTHER MEMBERS OF DELEGATION**

Please note that the delegation size per country is limited to maximum four persons including possible staff members. Countries with bicameral parliaments are kindly asked to distribute the delegation between the two chambers.

Mr  Mrs/Ms  Family name \_\_\_\_\_ First name \_\_\_\_\_Mr  Mrs/Ms  Family name \_\_\_\_\_ First name \_\_\_\_\_Mr  Mrs/Ms  Family name \_\_\_\_\_ First name \_\_\_\_\_**ADDITIONAL PARTICIPANTS (supporting staff, interpreters, etc.)**Mr  Mrs/Ms  Family name \_\_\_\_\_ First name \_\_\_\_\_ Function \_\_\_\_\_Mr  Mrs/Ms  Family name \_\_\_\_\_ First name \_\_\_\_\_ Function \_\_\_\_\_Mr  Mrs/Ms  Family name \_\_\_\_\_ First name \_\_\_\_\_ Function \_\_\_\_\_Mr  Mrs/Ms  Family name \_\_\_\_\_ First name \_\_\_\_\_ Function \_\_\_\_\_**CONTACT PERSON OF THE DELEGATION**Mr  Mrs/Ms 

Family name \_\_\_\_\_

First name \_\_\_\_\_

Title \_\_\_\_\_

Parliament \_\_\_\_\_

Address \_\_\_\_\_

Postal code and city \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Telefax \_\_\_\_\_

Email \_\_\_\_\_