



Registration Form

Please **type** (no handwriting) this registration form and send it to the Secretariat via Email:
gctpap.secretariat@gmail.com

* Please register at your earliest convenience, no later than **20 October 2024**.

**We request separate registration forms for each individual/accompanying person.

First (Given) Name				Photo
Last (Family) Name				
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F		
Date of Birth (d/m/y)				
Title/Position				
Name of Institution				
Address				
City		Country		
Email				
Office Phone		Mobile Number		
Preferred Type of Transportation from/to the Airport	<input type="checkbox"/> Arranged by the Host <input type="checkbox"/> Personally Arranged			
Passport Number	Date of Issue (d/m/y)			
	Date of Expiry (d/m/y)			
Dietary Preferences	<input type="checkbox"/> No Pork <input type="checkbox"/> No Beef <input type="checkbox"/> No Dairy <input type="checkbox"/> Other: _____			
Check-in Date	Check-out Date			
Arrival Flight	Flight #	Date	Time	
Departure Flight	Flight #	Date	Time	
Type of Participation	<input type="checkbox"/> Speaker (Head of Delegation only) <input type="checkbox"/> Non-Speaking Participant			
Session of Speech (Please choose one and for HoD only)	<input type="checkbox"/> 1 st Session <input type="checkbox"/> 2 nd Session			
Tour on 25 November	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature of Delegate: _____

Date: _____