

28 April 2005



REGISTRATION FORM

Registration fee is Euro 70

INTERNATIONAL CONSULTATION ON COPYRIGHTS, FAVERGES/France, 6 – 11 SEPTEMBER 2005

Mr. Ms. Birth date: _____

Family name: _____ First name: _____

Address: _____

Tel. no.: _____ Fax no.: _____

E-mail address: _____

Church affiliation: _____

Occupation/Position:

Passport No: _____ Place issued: _____

Valid until: _____

Do you need a visa for **(tick as appropriate)**:

Switzerland YES NO

France YES NO

Accommodation preferably in single room double room

Do you have a health and accident insurance valid in Switzerland and France?

YES NO

Do you have any particular health problem that might affect your participation in the consultation (heart, visual, hearing, mobility, etc.) If yes, please indicate: *)

Special requirements (diet, etc.): _____

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Finance **(tick as appropriate)**:

My church/organisation/employer will pay my travel and accommodation

My church/organisation/employer will pay my registration fee of Euro 70.00

What are your reasons for wanting to participate in the consultation? _____

Documents/Material or expertise you could bring with you to share with the other participants:

Date/Place: _____

Signature: _____

**) Please use an extra sheet of paper to answer the questions, if necessary.*

Please fill in the form and send it asap to:

Hannelore Schmid
WCC / Faith & Order
P.O. Box 2100
CH-1211 Geneva 2
Fax: +41.22.791.6233 or e-mail: hgs@wcc-coe.org

Thank you for your co-operation. We will confirm receipt of your registration form in due course.