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| **National Assembly** | C:\Users\user\Downloads\Logo(1).jpg  **ASIAN PARLIAMENTARY ASSEMBLY**  **Standing Committee Meeting on Staff and Financial Regulations**  **And 1st Executive Council Meeting**  **25-28 September 2016**  **Phnom Penh, Kingdom of Cambodia**  4 |  |

**REGISTRATION FORM**

**Please fill in one form for each participating delegate in CAPITAL letters, and return by 15 September 2016**

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| **Delegation of**: ………………………………  *Name of Parliament*    Title: Mr. Ms. Dr.  First Name:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Last Name:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Position: …………………………………… Head of delegation Member of delegation   * Please indicate if you are the Head of delegation   Passport No: Date of birth (d/m/y) Place of birth (City, Country)  ………………………..…   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   Passport issue date: Passport expiry date: Place of visa issuance (City, Country)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   ……………………………….     |  |  | | --- | --- | | Tel No. | …………………..……………………………………………..  Country Code - City Code - Number | | Mobile No.  Fax No. |  | | Email Address: |  |   **Flight Details**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Date** | **Airline & Flight number** | **Time** | **Explanation** | | **Arrival** |  |  |  |  | | **Departure** |  |  |  |  |   Please forward (fax or e-mail) the completed form to both the **Host Secretariat** as well as CC to the **APA Secretariat:**  **Host Secretariat:**   |  |  | | --- | --- | |  | **CC to APA Secretariat:**  **Email** :**secretariat@asianparliament.org**  Fax : (+98-21) 26118809  Phone : (+98-21) 26118827  26118829  26118869 |   **Email:**  [**thulheang@gmail.com**](mailto:thulheang@gmail.com)  [**hokcscc@yahoo.com**](mailto:hokcscc@yahoo.com)  [**cambodia\_apagroup@yahoo.com**](mailto:cambodia_apagroup@yahoo.com)  **Fax : (855-23) 218 195**  **Tel : (855-23) 218 195**  **HP : (855-12) 761 666**  **: (855-12) 855 789** |

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TO FACILITATE OUR PREPARATIONS TO ISSUE THE IDENTIFICATION BADGES PLEASE COMPLETE AND RETURN THIS FORM TOGETHER WITH THE REGISTRATION FORM

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