



NATIONAL ASSEMBLY

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

REGISTRATION FORM

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

Delegation of:

Name of Parliament

Title: [] Mr. [] Ms. [] Dr.

First Name:

Grid for first name

Last Name:

Grid for last name

Position: [] Head of delegation [] Member of delegation

- Please indicate if you are the Head of delegation

Passport No:

Grid for passport number

Date of birth (d/m/y)

Grid for date of birth

Place of birth (City, Country)

Grid for place of birth

Passport issue date:

Grid for passport issue date

Passport expiry date:

Grid for passport expiry date

Place of visa issuance (City, Country)

Grid for place of visa issuance

Tel No.

.....

Country Code - City Code - Number

Mobile No.

Fax No.

Email Address:

Flight Details

Table with 5 columns: Date, Airline & Flight number, Time, Explanation. Rows for Arrival and 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:

Email: thulheang@gmail.com
hokcscc@yahoo.com
cambodia_apagroup@yahoo.com

Fax : (855-23) 218 195
Tel : (855-23) 218 195
HP : (855-12) 761 666
: (855-12) 855 789

CC to APA Secretariat:

Email :secretariat@asianparliament.org
Fax : (+98-21) 26118809
Phone : (+98-21) 26118827
26118829
26118869



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

No.	Fist Name	Last Name	Position	Photo
				
				
				
				
				