



## PRE-REGISTRATION FORM

Please fill this form, in upper case (capitals), as you would like it to appear in the **LIST OF PARTICIPANTS**.  
Please do not abbreviate your entries.

Meeting title: **The joint 7<sup>th</sup> Meeting of the Conference of the Parties to the Vienna Convention for the Protection of the Ozone Layer and 17th Meeting of the Parties to the Montreal Protocol on Substances that Deplete the Ozone Layer**  
**12 to 16 December 2005, Dakar, Senegal**

Mr./Mrs./Ms./Dr./Prof. (First name) \_\_\_\_\_ (Surname) \_\_\_\_\_

**Mailing Address:**

Functional title (if any): \_\_\_\_\_

Section/Department: \_\_\_\_\_

Government/Institution/Agency \_\_\_\_\_

**Official Postal Address:** \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please tick your designation below:**

Minister/Sec. of State     Deputy Minister     Permanent Secretary     Expert     Other ( \_\_\_\_\_ )

**Please tick below your capacity in this meeting:**

Head of Delegation     Alternate     Adviser     Expert     Observer     Other ( \_\_\_\_\_ )

**In this meeting, you are attending as a representative of:**

- Government: \_\_\_\_\_
- United Nations Agency or Programme: \_\_\_\_\_
- Inter-Governmental Organization (IGO): \_\_\_\_\_
- Non-Governmental Organization (NGO): \_\_\_\_\_
- Industry: \_\_\_\_\_
- Others: \_\_\_\_\_

**Date of Arrival at meeting venue:** \_\_\_\_\_

**Date of Departure:** \_\_\_\_\_

**Please indicate your address at the venue of the meeting:**

Hotel/Accommodation. \_\_\_\_\_ Room No. \_\_\_\_\_ Tel: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return to:**

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Montreal Protocol (Ozone Secretariat)  
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