



WORKSHOP REGISTRATION FORM

E-Government Policy Formulation and

Action Plan for the Commonwealth of Dominica

LAST NAME:

FIRST NAME:

TITLE (Prof. / Dr. / Mr. / Mrs. / Miss :)

ORGANIZATION:

JOB TITLE/ POSITION:

COUNTRY:

TELEPHONE NUMBER: (Office) (Other)

FACSIMILE NUMBER:

E-MAIL:

RELEVANCE TO YOUR WORK:

.....

SIGNATURE OF APPLICANT:

DATE:

Registration closes at 4:00 pm, on Thursday, April 6th 2006.

Kindly complete all fields on this registration form and submit by fax to: +1 246 436 1709:

Research Assistant

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Carried out in collaboration with:



United Nations Educational,
Scientific and Cultural organization