

Please, upload your high resolution photo here /passport size/

Ulaanbaatar, Mongolia June 19-21, 2014

Middle Name:

Title:

Country:

Male:

Gender:

Please return the form by Monday June 16th, 2014

Dr: Mr Mrs

Female:

REGISTRATION FORM

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First Name:

Last Name:

Address:

E-mail Address:

B. INSTITUTIONAL PROFILE:

Telephone:

Full Name:								
Business Profile /may include range activities and ke	of				Website	e:		
projects/					Email:			
Postal Address:								
				nly if you requir	e a visa to	Mongolia which can be	e obtained:	
A: Mongolia B: On your		sy in your residing c he border	ountry					
Please, circle one of	above. Mi	EF will issue a letter	of guarante	ee to support yo	our visa apı	plication.		
Name (as indica	ated on yo	our passport):						
Date of Birth:			Year	Nationality:				
Country:				Tel No.:				
Date of Arrival:	Date of Arrival:			Date of Departure:				
Passport Number:				Expiration Date:				
Date of Issue:	Day	Month	Year	Place	of Issue			
Date of Issue.	03	08	2010	Issuing Authority				
Type of Passport:		_		Place to a the Vis Mong	sa to			
Airport pick up:		yes		no		If yes, arrival time and date:		

Airport drop off:		yes		If yes, departure time and date:					
PLEASE ALSO PROVIDE A COPY OF ID PAGE/S OF YOUR PASSPORT									
D. INTERESTED SECTOR (May attend to more than one sector unless breakout sessions are holding simultaneously. Please check your agenda)									
Please, indicate your desired	d sector/s								
Individual meetings with Govern officials are available upon requiplease indicate the addressee of will arrange the appointments a	lest: If yes, clearly. MEF								
E. HOTEL ARRANGEMENT (A standard room with breakfast will be booked at Blue Sky Hotel)									
Check-ir	n Date			Check-out Date					
(date)June		-(0	-(date)June						
F. SPECIAL DIETARY OR OTHER REQUIREMENTS									
Dietary Restriction, if any:									
Health Conditions and Allergy	v, if any:								
Other Requirements: May arrange sightseeing visit tour company at your cost.	s through								
	<u>.</u>								

Kindly complete and return this form by Monday June 16^t , 2014 to: Mrs. Urtnasan Baasanjargal <u>urtnasan.b@meforum.mn</u>.