



DECADE OF ROMA INCLUSION 2005-2015

EMPLOYMENT WORKSHOP

June 15-16, 2009

Zagreb, Croatia

Registration Form

Please kindly consider the means of transport. In case of no direct flight to Zagreb, please consider travelling by car/bus/train if it is possible.

Family Name:	
First/Middle Names:	
Country:	
Your title in your institution:	
Department/Division:	
Organization:	
Address of the organization:	
Postal Code:	
City:	
Tel:	
Fax:	
E-mail:	
Website of the Organization:	
Preferred Date of arrival & Flight No:	
Preferred Date of departure & Flight No:	
Visa support needed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accommodation needed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Special Requirements:	

Only for those who need visa!	Personal Data only for visa application
Full name as it is in your passport:	
Citizenship:	
Date and place of birth:	
Passport number:	
Place of issuance of passport:	
Date of expiry of passport:	

Please send us the filled form as soon as possible but **not later than May 25, 2009.**
 (E-mail: aosztolykan@decadeseecretariat.org)

THANK YOU FOR ALL YOUR COOPERATION AND LOOKING FORWARD TO SEEING YOU IN ZAGREB !