



**CONVENTION ON PROHIBITIONS OR RESTRICTIONS ON THE  
USE OF CERTAIN CONVENTIONAL WEAPONS WHICH MAY  
BE DEEMED TO BE EXCESSIVELY INJURIOUS OR TO HAVE  
INDISCRIMINATE EFFECTS (CCW)**

**Conference Registration Form**

*Please return this form to the CCW Secretariat by fax at (+41 22) 917 00 34*

Title of the Conference: \_\_\_\_\_

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

Delegation/Participant of Country, Organization or Agency: \_\_\_\_\_

Participant:

Mrs.  Mr.  Ms.       **Family Name:** \_\_\_\_\_      **First Name:** \_\_\_\_\_

Participation Category:

Head of Delegation       Observer Organization  
 Delegation       NGO  
 Observer Country       Other (please specify below)

**Are you based in Geneva  
as a representative of  
your Permanent Mission?**  
 YES       NO

Participating from: \_\_\_\_\_

Participating until: \_\_\_\_\_

Official Occupation (in own country): \_\_\_\_\_

Passport or ID Number: \_\_\_\_\_

Valid until: \_\_\_\_\_

Official Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permanent Official Address: \_\_\_\_\_

Address in Geneva: \_\_\_\_\_

Accompanied by Spouse:  YES       NO  
Family Name (Spouse): \_\_\_\_\_      First Name (Spouse): \_\_\_\_\_

<u>On Issue of ID Card</u>		<u>SECURITY USE ONLY</u>	
Participant Signature: _____	_____	Card No. Issued: _____	_____
Spouse Signature: _____	_____	Initials, UN Official: _____	_____
Date: _____	_____		