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| **A**sian **P**arliamentary **A**ssembly | | |
| tbmm amblemi ile ilgili görsel sonucu | **APA Working Group on Statutory Documents**  **(First Session)**  **Ürgüp-NEVŞEHİR, Turkey**  **11-14 October 2021** |  |
| **Registration Form** | | |

**Please fill in one form for each participating delegate in CAPITAL letters, and submit the form by 04 October 2021.**

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| **Delegation of**: ………………………………  *Name of Parliament*    Title: Mr. Ms. Dr.  First Name:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Last Name:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Position: …………………………………… Head of delegation Member of delegation   * Please indicate if you are the Head of delegation   Passport No: Date of birth (d/m/y) Place of birth (City, Country)  ………………………..…   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   Passport issue date: Passport expiry date: Place of visa issuance (City, Country)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   ……………………………….   |  |  | | --- | --- | | Tel No. | …………………..……………………………………………..  Country Code - City Code - Number | | Mobile No.  Fax No. |  | | Email Address: |  |   **Flight Details**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Date** | **Airline & Flight number** | **Time** | **Explanation** | | **Arrival** |  |  |  |  | | **Departure** |  |  |  |  |   Please forward (fax or e-mail) the completed form to both the **Host Secretariat** as well as CC to the **APA Secretariat:**  **Host Secretariat:**   |  |  | | --- | --- | |  | **CC to APA Secretariat:**  **Email** :**secretariat@asianparliament.org**  **Fax : (+98-21) 33517408**  **Phone : (+98-21) 33517406-7** |   **Email:**  [**apaturkey@tbmm.gov.tr**](mailto:apaturkey@tbmm.gov.tr)  **Tel : (+90) 312 420 8170**  **(+90) 312 420 6757**  **(+90) 312 420 6752** |

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| **To facilitate our preparations to issue the identification Badges please complete and return this form together with the Registration Form** | | |

**Delegation of**: ………………………………

*Name of Parliament*

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| **Host Secretariat:**  **Email:**  **apaturkey@tbmm.gov.tr**  **Tel : (+90) 312 420 8170**  **(+90) 312 420 6757**  **(+90) 312 420 6752** | **CC to APA Secretariat:**  **Email :secretariat@asianparliament.org**  **Fax : (+98-21) 33517408**  **Phone : (+98-21) 33517406-7** |