



CitY of  Vienna

CREATING INCLUSIVE, SAFE AND SUSTAINABLE CITIES: LOCAL APPROACHES TO GLOBAL CHALLENGES

Vienna, 30-31 March 2017

REGISTRATION FORM

Please submit this form **not later than 24 March 2017** by e-mail to elke.lidarik@osce.org

*Please complete by typing over the grey fields;
to tick the check boxes, please double click on them and choose the "checked" option.*

SECTION 1 (To be filled in by all participants)

<i>Family Name:</i> <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<i>Given Names:</i>		
<i>Representing:</i>	<i>Country/Name of Organization/Name of Institution:</i>		
<i>Please tick one of the categories below:</i>			
<input type="checkbox"/> Participating State	<input type="checkbox"/> Partner for Co-operation	<input type="checkbox"/> International Organization	<input type="checkbox"/> Academic Community
<input type="checkbox"/> Business Community	<input type="checkbox"/> NGO	<input type="checkbox"/> OSCE Secretariat	<input type="checkbox"/> OSCE Field Operation
<input type="checkbox"/> OSCE Institution	<input type="checkbox"/> Other:		
<i>Title / Position as to appear on the list of participants:</i>			
<i>What day(s) are you attending the conference?</i>		<i>(Tick one or both options)</i>	
30 March, Vienna City Hall			
31 March, Hofburg Congress Center			
<i>Mobile No. with all prefixes, including national code:</i>	<i>E-mail address:</i>		
<i>Tel. No. with all prefixes, including national code:</i>	<i>Fax No. with all prefixes, including national code:</i>		

SECTION 2 (Only participants requesting confirmation of participation for obtaining a visa)

For my visa application, I would require a letter of confirmation of participation (if applicable)

A copy of relevant page(s) of the passport should be annexed to the Registration form and sent to elke.lidarik@osce.org. Please note that it can take up to 14 days to process, so applications should be lodged as soon as possible.

Nationality:	Current country of residence:	Date of birth:		
		Day	Month	Year

Passport number:	Issued by:	Passport type:			Expiry date:		
		Diplomatic	National	Other	Day	Month	Year
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Arrival		Flight #:	Departure		Flight #:
Date:		Time:	Date:		Time:

In Vienna, during the event, I will stay at:

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