TEMPLATE 5, REGISTRATION FORM

Committee for

(insert name of the committee)

REGISTRATION FORM

I would like to attend as a:

Dear Mr/Ms (insert name of the addressee)

I would like to attend the public hearing organized by the Committee for (insert name of the committee)

(please mark one of the options)			
	witness		
	observer		
	media repre	esentative	
First Name / Surname:			
Job Title:			
Name of the organization you represent:			
Your contact information:			
Tel:		Fax:	Email:

If you are attending as a witness we would ask that you supply electronically if possible, a copy of your presentation/statement/ comments in advance to the committee clerk. If this creates difficulties, please don't hesitate to contact the committee clerk for advice.

Contact person, Clerk of the Committee for (insert name of the committee)

Fax: (insert fax number) E-mail: (insert E-mail)

Please send this form by:

Fax: (insert fax number) E-mail: (insert E-mail)