### WOC_3_logoREGISTRATION FORM



**Deadline: August 20th 2014, please return this completed form by email to Milena Jarosova** [**milena.jarosova@cgoa.cz**](mailto:milena.jarosova@cgoa.cz) **Tel: +420 731 062 074**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Name as shown on your passport:*** | |  | | | | | | | |
| ***Passport Number: (\*\*)*** | |  | | | | | | | |
| ***Company:*** | |  | | | | | | | |
| ***Address:*** | |  | | | | | | | |
| ***City:*** | |  | | | ***State/Province:*** |  | | | |
| ***Country:*** | |  | | | ***Postal Code:*** |  | | | |
| ***Telephone:*** | |  | | | ***email:*** |  | | | |
|  | |  | | |  | | | |  |
| ***Name of Accompanying person as shown on passport:*** | |  | | | | | | | |
| ***Passport Number: (\*\*)*** | |  | | | | | | | |
|  | |  | | |  | | | |  |
| ***Administrative assistant name:*** | |  | | | | | | | |
| ***Telephone:*** | |  | | | ***Email:*** | | |  | |
|  | |  | | |  | | |  | |
| ***Do you have special food needs (halal, dietary restrictions, etc.?)*** | | | ***Yes*** |  | ***If Yes please specify:*** | | |  | |
|  | | | ***No*** |  |  | | |  | |
| ***Do you need a visa invitation letter? (\*)*** | | | | | ***Yes*** | |  | ***If “Yes” you will be contacted by Czech Gas Association immediately*** | |
|  | | | | | ***No*** | |  |  | |
| ***Remarks:*** |  | | | | | | | | |

(\*) in case visa invitation letter is needed, consular times should be taken into account

(\*\*) compulsory to fill-in only for the technical visit

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I will attend:** | | | | | | |
| **Welcome Drink on 06/10/2014** | **Yes** |  |  | **No** |  |  |
| **Meeting on 07/10/2014** | **Yes** |  |  | **No** |  |  |
| **Dinner on 07/10/2014** | **Yes** |  |  | **No** |  |  |
| **Meeting on 08/10/2014** | **Yes** |  |  | **No** |  |  |
| **Dinner on 08/10/2014** | **Yes** |  |  | **No** |  |  |
| **Technical Visit on 09/10/2014** | **Yes** |  |  | **No** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accompanying person will attend:** | | | | | | |
| **Welcome Drink on 06/10/2014** | **Yes** |  |  | **No** |  |  |
| **Social Programme on 07/10/2014** | **Yes** |  |  | **No** |  |  |
| **Dinner on 07/10/2014** | **Yes** |  |  | **No** |  |  |
| **Social Programmme on 08/10/2014** | **Yes** |  |  | **No** |  |  |
| **Dinner on 08/10/2014** | **Yes** |  |  | **No** |  |  |
| **Technical Visit on 09/10/2014** | **Yes** |  |  | **No** |  |  |

We will send you confirmation of your registration.