



UNITED NATIONS OFFICE AT GENEVA *Please Print*
Conference Registration Form Date

Please return the completed form to: **Board and UN Relations, UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland.**
 Fax: (+4122) 791 4188; E-mail: PCBRegistration@unaids.org

Please **BRING THIS ORIGINAL** and **ONE COPY** with you to Geneva for Registration

Title of the Conference

Delegation/Participant of Country, Organisation or Agency

Participant

Family Name

First Name

Mr.

Mrs.

Ms

Date Of Birth

(DD/MM/YYYY)

Participation Category

Participant (DELE1)

Press (PRESS1)

Participating From / Until

Observer (OTHER1)

From

Accompanying Person (GUEST1)

Other (Please specify below)

Until

Origin of Identity Document

Passport or ID Number

Valid Until

- PLEASE NOTE THAT THIS FORM MUST BE FORWARDED TO THE HOST SECRETARIAT RESPONSIBLE FOR THE ACCREDITATION OF THE CONFERENCE.
- THE COMPLETED ORIGINAL, OR A COPY, MUST BE PRESENTED TO THE SECURITY IDENTIFICATION UNIT TO RECEIVE A GROUNDS PASS.
- NO CONFERENCE GROUNDS PASS WILL BE ISSUED WITHOUT A COMPLETED CONFERENCE REGISTRATION FORM.

On Issue of ID Card

Participant Signature

Date

Security Use Only

Card N°. Issued

Initials, UN Official