

REGISTRATION FORM
 (Attachment 3, **PLEASE SEND ON OR BEFORE 25 MAY**)
SULU-SULAWESI SEASCAPE CONGRESS 2007
20-22 June 2007; Manila, Philippines

Country:			
Title Dr. () Mr. () Ms. ()			() Please tick if you intend to be a live-out participant
First Name:			() Please tick if you intend to be a live-in participant
Surname:			
Official Designation:			Room requirements at hotel, if any: () Smoking floor () Non-smoking floor
Organization:			Check – in date: _____
Office Address:			Check – out date: _____
Tel. No. (Please include country code)			International Participants – Transfer from airport: () Yes () No.
Fax. No. (Please include country code)			
E-mail address:			Special Dietary Requirement(s), if any:
Mobile:			
	Arrival**	Departure**	_____ Signature Date:
Flight No.:			
Date:			
Time:			
<i>If relevant, contribution by participant on (please refer to Meeting Information Note):</i>			
Oral presentation	Theme	Title:	
Poster presentation	Theme	Title:	

*** If not available immediately, confirmed arrival and departure flight information may be sent later.*

Please return the completed registration form to:

FINAL

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