**REGISTRATION::Important information**

Thank you for your interest in attending the 42nd General Session of the EuFMD, 20-21 April 2017, Iran Room, FAO

As indicated in the letter of invitation, Registration to the meeting must be done through the password-protected Members Gateway (<http://www.fao.org/members-gateway/en/>), which can be accessed only by the authorized staff of the Permanent Representation of your country copied to this message.

You are therefore kindly requested to register all members of the delegation wishing to attend the meeting; online registration is highly recommended as it will save time at the registration desk at the start of the meeting. Please note that online registration requires the uploading of a recent passport-size digital photograph in JPG format.

The link to the online registration and instructions are available on the Notice Board webpage of the Permanent Representatives website.

Please do not hesitate to contact [CPAC-Web@fao.org](mailto:CSCC-Web@fao.org) should you have any additional queries regarding registration.

However, should you not be able to register via the gateway, please fill in the below form, including your photograph and send back to [Eufmd@fao.org](mailto:Eufmd@fao.org) by the 27th March 2017.

**42nd General Session of the EuFMD**

**20-21 April 2017**

**FAO HQ Rome - Italy**

**EuFMD Registration Form -Details for logistical arrangements**

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| **Please return this form to** [**EUFMD@fao.org**](mailto:EUFMD@fao.org) **by 27 March 2017.**   * **Kindly attach a digital picture (JPEG), with a white background, 26mm (width) x 33 mm (height) or 190 pixels (width) x 248 pixel (height) not to exceed 100kb.** * **Scan Copy of your passport to be included**   **Mandatory to obtain a meeting pass.** |

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| --- | --- | --- |
| **Participant Details** | | |
| **Family Name/SURNAME** |  | |
| **First name/NAME** |  | |
| **Representing: Institution/Company/Organization** |  | |
| **Official Delegate\*** | Yes | No |
| **Head of Delegation** | Yes | No |
| **Position/ Title** |  | |
| **Division/Unit** |  | |
| **Country of residence** |  | |
| **Address** |  | |
| **Zip code:** |  | |
| **Town:** |  | |
| **Country:** |  | |
| **Main e-mail:** |  | |
| **Office Tel. no. (including country area code):** |  | |
| **Mobile phone no. (including country area code):** |  | |
| **Passport information Scan Copy of your passport to be included** | | |
| **Nationality** |  | |
| **Passport type** |  | |
| **Passport number** |  | |
| **Date issued** |  | |
| **Expiry date** |  | |
| **Date of birth (dd/mm/yyyy)** |  | |
| **Travel details** | | |
| **Flights Details** |  | |
| **Alternative itineraries** |  | |
| **Accommodation and arrangement details** | | |
| **Arrival Check IN** |  | |
| **Departure Check OUT** |  | |
| **Hotel Name (single/double Room)** |  | |
| **Name Accompanying person** |  | |
| **Social event (Y/N)** |  | |

### Please contact directly the preferred hotel for your accommodation