

## Registration Form

Please fill in the form after reading the registration information.

For more info, please visit the conference's website <http://cities.baladiya.gov.qa/> . Please type or right legi

Please return the form after filling it as attachment by email to [ato@ato.net](mailto:ato@ato.net) / [magazine@ato.net](mailto:magazine@ato.net)

Or fax to: +965 24849319 / +965 24849322 or mail to: 68160 Kifan - 71962 Kuwait.

Or fax to: +974 44348033 or by email [cities-16th@mmaa.gov.qa](mailto:cities-16th@mmaa.gov.qa) Doha – Qatar.



Personal information (Please type or write legibly)

☐ Ms. ☐ Mrs. ☐ Dr. ☐ Pr. ☐ Mr. ☐ Other (Please specify \_\_\_\_\_)

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Passport No: \_\_\_\_\_ Date of Birth (Day/ Month/ Year): \_\_\_\_\_

Profession: \_\_\_\_\_

Organization/ Authority: \_\_\_\_\_

City/ State/ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: (Email) \_\_\_\_\_

Accompanying Persons (Please type or write legibly)

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Passport No: \_\_\_\_\_ Date of Birth (Day/ Month/ Year): \_\_\_\_\_

### Information about the Conference

Name for the conference's card: \_\_\_\_\_

I need translation for: ☐ English ☐ French ☐ Arabic

### Travel Details

Arrival date and flight No (If specified)

Departure date and flight No (If specified)

**Special Conditions:** The information presented on this form are for following up the registration to the 16th General Conference of the Arab Towns Organization and to print the Conference's guide.

The information you provide will not be used for anything else.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Important to note that a clear photocopy of the passport should be attached with the registration form