

NORTHERN COMMITTEE

Third Regular Session 11-13 September 2007 Tokyo, Japan

REGISTRATION FORM

WCPFC/NC3/02 11th June 2007

Name: Organisation: Address:		
Email address: Phone number:	Fax number:	
	Head of delegation [] Delegation Member [] Secretariat [] 0ther (please specify)	Observer
	ing accommodation required: Yes / No If yes, preferred hotel name: [see options provided in Meeting Notcie]	
Hotel payment arrangements: Cash / Credit Card		
Credit Card Details:	Card Type Card Number	Name on Card Expiry Date:

If sharing or prepared to share a room with another participant, please specify name of

other person: