



5th Conference of Lawyers in Asia-Pacific

REGISTRATION FORM

PERSONAL INFORMATION			PROFESSION/OCCUPATION	
SURNAME			(If you are a professor or law student, what is the name of the school you are attending and course you are teaching or taking up?) If a lawyer, how many years have you been in practice?	
FIRST NAME				
MIDDLE NAME				
BIRTHDATE				
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female			
NATIONALITY			ORGANIZATION DETAILS (ORGANIZATION/LAW FIRM /INSTITUTION)	
LANGUAGE/S SPOKEN			NAME	
CONTACT INFORMATION			NATURE	
CURRENT ADDRESS			ADDRESS	
PHONE NUMBER (please include country and area codes)			E-MAIL ADDRESS	
MOBILE NUMBER			PHONE NUMBER	
FAX NUMBER			FAX NUMBER	
E-MAIL ADDRESS			YOUR POSITION	
PASSPORT DETAILS			WHO INVITED YOU TO COLAP V?	
NUMBER			NAME	
DATE & PLACE OF ISSUE			ORGANIZATION	
EXPIRY DATE			ADDRESS	
FLIGHT DETAILS			PHONE NUMBER	
ARRIVAL DATE/TIME	FLIGHT NO.	AIRLINE	E-MAIL ADDRESS	
DEPARTURE DATE/TIME	FLIGHT NO.	AIRLINE		
ACCOMMODATION DETAILS			Are you going to attend the <u>NUPL CONGRESS</u> on September 20, 2010?	
HOTEL NAME	DATE OF ARRIVAL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			What workshop will you attend?	
IN CASE OF EMERGENCY:			Current health situation or medication the secretariat needs to be aware of:	
PERSON TO CONTACT				
ADDRESS				
PHONE NUMBER				
MOBILE NUMBER			Do you have any specific dietary requirements?	
E-MAIL ADDRESS			<input type="checkbox"/> Yes Any request? <input type="checkbox"/> No	
Do you plan to extend your stay in the country?				
<input type="checkbox"/> Yes Reason: <input type="checkbox"/> No				

***Please submit this registration form on or before September 1, 2010 to:**

**Philippine Organizing Committee
COLAP V Host Secretariat**

c/o NUPL (National Union of Peoples' Lawyers)

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