

## REGISTRATION FORM



### *Joint CHR, FRA and OSCE Preparatory Working Seminar for a Conference on Roma freedom of movement and migration*

*9 July 2009, room 5 Agora  
Council of Europe, Strasbourg*

Please note that this registration can be filled in using the tab function or by double clicking the appropriate field.

To be returned **by 10 June 2009** to:

Ms Géraldine Ferdinand  
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Surname: \_\_\_\_\_ Gender M/F: \_\_\_\_

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

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Any information provided to the FRA will be considered as strictly confidential and will be used only for the purposes of this seminar, according to the Regulation (EC) No 45/2001. For further information please click [here](#).

**N.B:** In registering I am providing my consent that the meeting is taped and photos of me can be taken and placed on FRA website or used in FRA publications.

#### **IMPORTANT:**

Ms Géraldine Ferdinand will book your accommodation for the duration of the meeting and travel; therefore you are kindly requested **not to do any booking by yourself**. Please note that according to the rules, participants should benefit from the most economical travel rates; by train, first class is foreseen. Participants won't be requested to pay for these reservations (travel + hotel). Taxis and transportation from and to the airport or train station at your residence and local transport in Strasbourg (incl. airport) are not reimbursed.

#### **TRAVEL DETAILS:**

To Strasbourg from: \_\_\_\_\_ by (means of transport) \_\_\_\_\_

Day of arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_ preferred time of departure (morning, afternoon, evening) \_\_\_\_\_

From Strasbourg to: \_\_\_\_\_ by (means of transport) \_\_\_\_\_

Day of departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ preferred time of departure (morning, afternoon, evening) \_\_\_\_\_

Do you have a physical disability which may require a special arrangement?

If yes, please provide details and indicate the nature of the special arrangement you believe would be necessary:

\_\_\_\_\_

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

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

(If by e-mail, electronic writing of the name here above is considered as signing)