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| **2019 Chairmanship OSCE-wide Counter-Terrorism Conference**  ***Taking Stock of Efforts to Prevent and Counter Violent Extremism and Radicalization that lead to Terrorism in the OSCE Area***  **(25-26 March 2019, Bratislava)** |
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| **REGISTRATION FORM** |
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| **Please complete electronically and return by e-mail not later than 15 March 2019**  **to** [**eva.masanova@mzv.sk**](mailto:eva.masanova@mzv.sk) |

*Please complete electronically by typing over the mark*

*To tick the check boxes, please double click on them and choose the “checked” option*

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| *Family Name:* | *Ms.*  *Mr.* | *Given Names:* |
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| *Please tick the correct box and indicate which country/organization/OSCE/CSO etc you are representing:* |
| |  |  |  | | --- | --- | --- | | *🞎 Participating State*  *Please indicate country:* | *🞎 Partner for Co-operation*  *Please indicate country:* | *🞎 International Organization*  *Please indicate name of organization:* | | *🞎 OSCE Secretariat*  *Please indicate department:* | *🞎 OSCE Field Operation*  *Please indicate name of FO:* | *🞎 OSCE Institution*  *Please indicate name of institution:* | | *🞎 Civil Society Organization*  *Please indicate name of CSO:* | *🞎 Academia, Scientific Community, Private Sector Please indicate name of institution/company:* | *🞎 Other:* | |

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| *Title / Position as to appear on the list of participants:* |
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| *Tel No. with all prefixes, including national code:* | *E-mail address:* |
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| *All participants are requested to provide the following* ***compulsory information*** *when they submit their registration form:* | |
| *Date of birth (DD/MM/YY):* | *Place of birth:* |
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| *Country:* | *Citizenship:* |
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| *Type of ID:* | *Number of ID* |
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