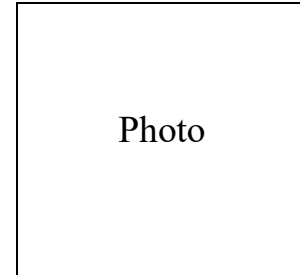




Appendix II

Registration Form



Registration Deadline is 01.09.2016						
<i>Please complete one registration form for each delegate</i>						
DELEGATE INFORMATION						
Name of the SAI						
Country						
Complete Name (as shown in the passport)	First	Middle	Last	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms <input type="checkbox"/>
Position/Official Title						
Preferred name for the Badge						
Telephone: (Please include country & city code)	Fax: (Please include country & city code)		Cell: (Please include country & city code)			
E-mail:						
Passport No:	Date of issue:					
	Date of expiry:					
	Place of issue:					
	Date of birth:					
Dietary requirements:						
Do you need a visa facilitation letter?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
ACCOMPANYING PERSON						
Complete Name (as shown in the passport)	First	Middle	Last	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms <input type="checkbox"/>
Relationship with the delegate						
Preferred name for the badge						
Passport No:	Date of issue:					



	Date of expiry:		
	Place of issue:		
	Date of birth:		
Dietary requirements:			
Please also attach a photograph of the accompanying person, (if applicable)			
ACCOMODATION / HOTEL RESERVATION			
Venue for Seminar		Check-in Date	Check-out Date
<u>Name of Venue</u> International Centre for Environment Audit and Sustainable Development (iCED) Address: Special Plot No. 6-7, RIICO Industrial Area, Kant Kalwar, Jaipur, Rajasthan, India Pincode: 303002 Contact Info: +91 141-2772000 - 1		16th October 2016 (Any time)	20th October 2016 (Any time)
USD 125 for whole seminar period from 16 th October 2016 to 20 th October 2016 (Room Rate inclusive of daily buffet breakfast)			
EMERGENCY CONTACT INFORMATION			
Name		Address	
Tel:		Fax:	Cell:
Please include country & city code		Please include country & city code	Please include country & city code
TRAVEL INFORMATION			
Please mention your complete travel itinerary from the port of departure to India. Please indicate all information relating to transits on your outbound travel.			
Arrival in India			
Date :		Time:	
Airline :			
Flight Number:			
Transit Airport (1)			
Airline :			
Flight Number:			
Name of Airport			
Transit Airport (2)			
Airline :			
Flight Number:			



Name of Airport			
Departure From India			
Date :		Time:	
Airline :			
Flight Number:			

INSURANCE COVERAGE

All delegates and accompanying persons are encouraged to have adequate insurance coverage for the duration of their trip.

Delegate's Signature: _____

Kindly send this registration form to:

Mr Jahangir Inamdar,
Director (T&R),
International Centre for Environment Audit
and Sustainable Development (iCED),
Special Plot No. 6-7, RIICO Industrial Area,
Kant Kalwar, Jaipur, Rajasthan, India,
Pincode: 303002

Contact Info: + 91-141-2772000 / 2
Email: iced@cag.gov.in
Personal Cell: +91-9867085464
Personal Email: inamdarJ@cag.gov.in

Please also cc the e-mail to :

National Audit Office of China

Email: cnao@audit.gov.cn