



WCAR

World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance
31 August - 7 September 2001 - Durban, South Africa



PARTICIPANT REGISTRATION FORM

To be completed by all participants
PLEASE PRINT ALL INFORMATION CLEARLY

PARTICULARS OF PARTICIPANT

FAMILY NAME: MR. MS.

FIRST NAME: TITLE:

PERMANENT ADDRESS:

TEL: FAX: E-MAIL:

COUNTRY: ORGANIZATION:

2 X COLOUR
PASSPORT PHOTOS
38 mm x 37 mm
WHITE BACKGROUND
PLEASE DO NOT STAPLE
THROUGH FACE.
PRINT NAME ON
REVERSE SIDE.

PASSPORT DETAILS

PASSPORT NUMBER: EXP. DATE:

ISSUED BY: Date of Arrival: Date of Departure:

CATEGORIES

STATE	Head of Delegation	<input type="checkbox"/>	Delegate	<input type="checkbox"/>	Advisor	<input type="checkbox"/>
	Country	<input type="text"/>				

ASSOCIATED STATES OF THE REGIONAL COMMISSIONS	Head of Delegation	<input type="checkbox"/>	Delegate	<input type="checkbox"/>	Advisor	<input type="checkbox"/>
	Country	<input type="text"/>				

UN / SPECIALIZED AGENCIES / PROGRAMMES	Title	<input type="text"/>				
	Organization	<input type="text"/>				

IGO	Title	<input type="text"/>				
	Organization	<input type="text"/>				

OTHER ORGANIZATIONS / INSTITUTIONS	Title	<input type="text"/>				
	Organization	<input type="text"/>				

NGO	Title	<input type="text"/>				
	Organization	<input type="text"/>				
	INDIGENOUS	<input type="checkbox"/>	PREP COM	<input type="checkbox"/>	ECOSOC	<input type="checkbox"/>

Date	<input type="text"/>	Signature	<input type="text"/>
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OFFICIAL USE

Date Registered	<input type="text"/>	Card Type	<input type="text"/>	WCAR SECRETARIAT: THIS PARTICIPANT IS ACCREDITED PLEASE PROCEED STAMP
ID Number	<input type="text"/>	Treated By	<input type="text"/>	

SEE ANNEXURE FOR ACCOMMODATION APPLICATION.