



**5<sup>th</sup> REGIONAL CENTRAL EUROPEAN FORUM  
OF THE INTERNAL PROTECTION SERVICES**  
Valbandon, Republic of CROATIA, 6<sup>th</sup> - 8<sup>th</sup> May 2009

REGISTRATION FORM

Please ensure you complete one form for each delegate in attendance (including for anyone attending as an interpreter).

1.	Delegation
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Country		Member/Head of Delegation
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2.	Personal information
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Family name	
First name	
Title	
Organisation/Agency	
Address	
Telephone/Fax	
E-mail	

3.	Travel arrangements
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Arrival		Departure	
Date		Date	
Time		Time	
Flight		Flight	
By car		By car	

4.	I will be accompanied by an interpreter	yes	no
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Family name	
First name	
Telephone/Fax	
E-mail	

5.	Accommodation
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Single	
Double	

Please send the registration form by e-mail [unutarnja@mup.hr](mailto:unutarnja@mup.hr) / cc to [zradic@mup.hr](mailto:zradic@mup.hr)  
no later than 1 March 2009