



**CGIAR
Annual General Meeting
Washington D.C.**

REGISTRATION FORM

Please return this form to:
Congrex USA Inc.
2000 L Street, NW, Suite 200
Washington DC 20036, USA

Tel: +1 (202) 466-0000
Fax: +1 (202) 466-0815
E-mail: cgiar@congrexusa.com

Secretariat use only

Reg. No.:

Participant attendance information

Please provide information as you wish it to appear on your badge and in the list of participants. Do not forget to take a copy for your own records. One copy of this Registration Form should be completed for each active participant. Please complete using a typewriter or block letters.

Title Mr. Ms.

Family name

First name

Title of present position

Institution/Organization

Address

Address

City State: Postal Code:

Country

Phone (country-area-local)

Fax (country - area - local)

E-mail

Accompanying Person: (not participating in the meeting)

Family name

First name Accompanying Person

Capacity in which attending the meeting: (indicate one)

- Head of Delegation
- Member of CGIAR Delegation
- Regional Representative
- Member of Observer Delegation
- Advisory Body/Partnership Committee
- CGIAR Center
- CGIAR Partner
- CGIAR Programs
- CGIAR Secretariat
- Other Participant

Hotel reservation request

Accommodation is assigned based on the information furnished on this form on a first-come first-served basis. Credit card information is requested in order to guarantee reservations. Penalties are spelled out in the administrative arrangements note. If you do not occupy your room by check-out time of the day following your confirmed check-in date, the room will be released and the non-occupancy night will be charged to your credit card. Modifications have to be made in writing to Congrex USA Inc.

Preferred hotel:

Accommodation required: Standard Room Deluxe Room Single Occupancy Double Occupancy

Date of arrival: (d / d) / (m / m) / (y e a r) Date of departure: (d / d) / (m / m) / (y e a r)

Guaranteed credit card, following details are required: American Express VISA Euro/Mastercard Diners

Card Number: Expiration date: (m / m) / (y / y)

Card holder's name

By providing your credit card number you agree to the cancellation policies. Date (d / d) / (m / m) / (y e a r)

Instructions to Send Registration Form as an Email Attachment

The Registration Form is an Excel file. Download the attachment to Excel and open the file. Fill in the particulars. Save the completed form on a disk or your computer's hard drive. Create a new message in your email program, addressed to cgiar@congrexusa.com, specifying the subject as Registration AGM2001. Send the message, with the completed form as an attachment. Alternatively, the Registration Form can be faxed to 1-202-466-0815.