



**CGIAR
International Centers Week 2000
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: cgjar@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

City State: Zip:

Country

Phone (country-area-local) +

Fax (country - area - local) +

E-mail

Accompanying Person: (not participating in the meeting)

Family name

First name Accompanying Person

Code **100**

Capacity in which attending the meeting: (indicate one)

<input type="checkbox"/> Member of CGIAR Delegation	Code 010	<input type="checkbox"/> Advisory Body/Partnership Committee	Code
<input type="checkbox"/> Regional Representative	020	<input type="checkbox"/> TAC	041
<input type="checkbox"/> Member of Observer Delegation	030	<input type="checkbox"/> TAC/SPIA	042
<input type="checkbox"/> Invited Guest /Award Winner	050	<input type="checkbox"/> GRPC	043
<input type="checkbox"/> CGIAR Center	060	<input type="checkbox"/> NGOC	044
<input type="checkbox"/> CGIAR Partner	070	<input type="checkbox"/> PSC	045
		<input type="checkbox"/> SPC	046
		<input type="checkbox"/> Other Participant please specify:	080

Hotel reservation request

A list of hotels and their respective rates is given on page 5 of the Note on Administrative Arrangements and Participant Registration. 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: 1st choice: 2nd choice:

Accommodation required: Single room Double room Non-smoking Wheelchair accessible

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 ICW2000. Send the message, with the completed form as an attachment. Alternatively, the Registration Form can be faxed to 1-202-466-0815.