



# CGIAR Mid-Term Meeting 2001 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](mailto: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

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

### 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: 1st choice: 2nd choice:

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](mailto:cgiar@congrexusa.com), specifying the subject as Registration MTM2001. Send the message, with the completed form as an attachment. Alternatively, the Registration Form can be faxed to 1-202-466-0815.