Vienna Migration Conference

**11 November 2016**

**Vienna, Austria**

# Registration Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | |
| **Mr/Mrs/Title** |  | | | | |
| **First Name(s)** as per passport |  | | | | |
| **Last Name(s)** as per passport |  | | | | |
| **Organisation Details** | | | | | |
| **Category** | Government | | | Academia | |
| Multilateral Organisation | | | Private | |
| Civil Society | | | Other | |
| **Institution** |  | | | | |
| **Function/Job Title** |  | | | | |
| **Section/Directorate** |  | | | | |
| **Department/Unit** |  | | | | |
| **Office Address** |  | | | | |
| **Contact Details** | | | | | |
| **Telephone Number** |  | | | | |
| **GSM/Mobile Number** |  | | | | |
| **Fax Number** |  | | | | |
| **Email Address** |  | | | | |
| **Travel Information**  **if unknown at the time of registration, please forward travel information to the VMC Team at a later date when known** | | | | | |
| **Arrival Information** | Flight | | Train | | Car |
| Date |  | | | |
| Flight/train number |  | | | |
| Time of arrival |  | | | |
| **Departure Information** | Flight | | Train | | Car |
| Date |  | | | |
| Flight/train number |  | | | |
| Time of departure |  | | | |

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| **Visa Information** | | | |
| **Do you need a visa to enter Austria?** | No  Yes  (please complete the table below and attach a  copy of your passport) | | |
| **Nationality** |  | | |
| **Date and Place of Birth** |  | | |
| **Passport Number** |  | | |
| **Date of Issue** |  | | |
| **Date of Expiry** |  | | |
| **Conference Panels**  **please mark which panel(s) you wish to attend** | | | |
| **Panel Debate: International Refugee Protection and European Responses, 11 November** | | Yes  No | |
| **Panel Debate: European Migration Policy and International Cooperation, 11 November 2016** | | Yes  No | |
| **Meals** | | | |
| **Lunch, 11 November 2016** | | Yes  No | |
| **Dietary requirements** | | No  Yes  (please specify): | |
| **Accommodation**  **if unknown at the time of registration, please forward accommodation information to the VMC Team at a later date when known** | | | |
| **Austria Trend Parkhotel Schönbrunn**  **NB: booking to be paid by the guest** (rate € 130 single; €149 double) | |  |  |
| **Austria Trend Park Royale Palace**  **NB: booking to be paid by the guest** (rate € 130 single; €149 double) | |  | |
| **No accommodation needed** | |  | |
| **Health Data (optional)** | | | |
| **Barrier-free access required** | | No  Yes | |
| **Emergency medical information (blood type, allergies, etc.)** | |  | |
| **Person to be contacted in case of emergency (full name of relative or close friend and contact telephone number)** | |  | |
|  | | | |
| Please note that photos, video and/or audio recordings may be taken in connection with this conference. Participants who do not wish to appear on the recordings which will be taken for visibility purposes must inform the ICMPD representatives. | | | |

Each participant is requested to complete a separate registration form.

Kindly confirm your participation by completing this form and returning it by **28 October 2016.**

Email: [vienna-migration-conference@icmpd.org](mailto:vienna-migration-conference@icmpd.org); Fax: +43 1 504 46 77-2375