**Registration Form**

**3rd World Conference on Disaster Risk Reduction**

**Sendai, Japon 14-18 March 2015**

To be part of the Local Authorities Major Group, you need to fill this form and send it to UCLG as Organizing partners [wcdrr@uclg.org](mailto:wcdrr@uclg.org)

Pour faire partie du Groupe Majeur des Autorités Locales vous devez remplir le formulaire en pièce jointe et le renvoyer à CGLU en tant que Partenaire Organisateur à l’adresse suivante : [wcdrr@uclg.org](mailto:wcdrr@uclg.org)

Para formar parte del grupo de Autoridades Locales, es necesario rellenar este formulario y enviarlo a CGLU como socio organizador [wcdrr@uclg.org](mailto:wcdrr@uclg.org)

All fields marked with \* must be filled out

Please correct errors below to submit form

|  |  |
| --- | --- |
| **First name** | \* |
| **Last name** | \* |
| **Telephone no.** | \* |
| **E-mail** | \* |
| **Permanent Address** | \* |
|  |  |
|  |  |
| **Country** | \* |
| **Weight** | \* (Indicate whether kg/lbs) |
| **Height** | \* (Indicate whether cm/inch) |
| **Eye color** | \* |
| **Hair color** | \* |
| **Sex** | \* |
| **Temporary address while at the conference site.** |  |
| **Place of Birth** | \* |
| **Date of Birth** | \*  Representatives under 16 Years old won't be delivered a grounds pass |
| **Participant already has a valid UN Grounds Pass ?** |  |
| **Emergency Contact** | |
| **First name** | \* |
| **Last name** | \* |
| **Telephone no.** | \* |