



**CGIAR
AGM05
Marrakech, Morocco**

REGISTRATION FORM

Please return this form to:

IMMS
13218 Query Mill Road
North Potomac, MD 20878

Tel: +1 (202) 466-0000
Fax: +1 (202) 466-0815
E-mail: cgiar05@immsglobal.org

Secretariat use only

Reg. No.:

Participant attendance information

One Registration Form should be completed for each active participant. Please provide information as you'd like it to appear on your badge and the list of participants. Please use a typewriter or block letters and retain a copy for your records.

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)

<input type="checkbox"/> Head of Delegation	Code 005	<input type="checkbox"/> CGIAR Center	Code 050
<input type="checkbox"/> Member of CGIAR Delegation	010	<input type="checkbox"/> CGIAR Programs	060
<input type="checkbox"/> Member of Observer Delegation	030	<input type="checkbox"/> CGIAR Partner Institutions	070
<input type="checkbox"/> Member of CGIAR Advisory/Partnership Committee	040	<input type="checkbox"/> CGIAR System Office	080
		<input type="checkbox"/> Other Participant	090

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 "Information for Participants" booklet. Changes in your reservation must be requested in writing to IMMS.

Preferred hotel:

Accommodation required: Single Occupancy Double Occupancy

Date of arrival: / / Date of departure: / /

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

Card Number: Expiration date: / /

Card holder's name

By providing your credit card number you agree to the cancellation policies. Date / /

Field Visit to INRA, followed by lunch (Wednesday, December 7, 2005)

Yes, I will attend
 No, I won't attend

Flight Arrival and Departure information

Flight Number: _____

Arrival Date: _____

Arrival Time: _____

Flight Number: _____

Departure Date: _____

Departure Time: _____

Instructions to Send Registration Form as an Email Attachment

This Registration Form is an Excel (.xls) file. Download, save and open the file with Excel. 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 cgiar05@immsglobal.org, specifying the subject as "Registration AGM05." Attach the completed form and send.

Alternatively, the completed Registration Form can be faxed to (+1) 202-466-0815.