**Country** …………………………………

**Registration of additional delegate(s)**

**To be completed by 17 July 2023**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **First name** | **Last name** | **Organisation/****Institution** | **Email** | **Seminar (\*)** | **CIML Meeting (\*)** | **OIML Reception (\*)** |
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(\*) Please enter “Y” for Yes or “N” for No

Accompanying persons (e.g. partner, children, etc.) must be identified clearly and will be invoiced separately.

Please use one line per person.