## Council for Security Cooperation in the Asia Pacific

**CSCAP Study Group on Maritime Security**

**18-19 February 2014**

**Jakarta**

####  REGISTRATION FORM

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **CSCAP Member Committee**Name: |  |
|  |
| *Title* | *First/Given Name* | *Last/Family Name* |
| Title: |  |
| Institution: |  |
| Office Address: |  |
| City: |  | Country |  |
| Phone: |  | Fax: |  |
| Email: |  |

## FLIGHT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Arrival: |  |  |  |
| *Date* | *Flight No.* | *Arrival Time* |
| Departure: |  |  |  |
| *Date* | *Flight No.* | *Departure Time* |

## HOTEL ACCOMMODATION

|  |  |  |  |
| --- | --- | --- | --- |
| Date Check-In: |  | Date Check-Out: |  |
| Total nights: |  |

**I have been designated by my CSCAP committee to avail of the one free hotel accommodation per committee.**  *YES* \_\_\_\_\_\_\_\_\_\_ *NO \_\_\_\_\_\_\_\_\_*

**Welcome Dinner (1900hrs, 17 February 2014) Attendance** *YES***\_\_\_\_\_** *NO***\_\_\_\_\_**

**Dietary Restrictions (if any)** \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important! Please indicate if you need a visa** *YES***\_\_\_\_** *NO***\_\_\_\_\_ and the location (city) of the embassy/consulate where you will obtain your visa: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please send completed registration forms *(it’s compulsory to fill in all details)*****By Thursday, 3 February 2014 to Ms. Alexandra Wulan at CSCAP Indonesia via****Email: cscap.indonesia@csis.or.id or by Fax: +62 21 384 7517****Thank you.** |