

Registration Form Video Working Committee Meeting The 21st October, 2020

Photo
3X4cm

Delegate's Details	
Country:	
Head of Delegation (please tick) \square	Delegate (please tick) \square
Rank/Title:	
Full Name:	
Position:	
Organisation:	
Tel:	Fax:
E-Mail:	

Kindly submit the completed registration form **no later than Monday, 05 October 2020** by emailing to the following contact: bandoingoaiccb@yahoo.com