2012 EASTICA Seminar & Executive Board Meeting 17(Mon) ~ 20(Fri) July, 2012 General Archival Authority, Ulaanbaatar, Mongolia

SEMINAR REGISTRATION FORM

Please typewrite and send this form by facsimile or email no later than June. 01, 2012 to: Mrs Uyanga Bold, Foreign Relation officer of GAAM

Tel: +976-51-264846 Fax: +976-51-262351 E-mail: archive@mongol.net

1. Participants						
Title	Mr. Mrs. Prof. Dr. Other.					
Name	(Given Name) (Surname)	(Mid	dle Name)			
	(Chinese characters, if any)					
Nationality	Pas	ssport Number				
Affiliation	Pos	sition				
Country/Region	Tel	lephone				
Fax	E-n	nail				
Work Address	ork Address					
Member Category	tegory A National/ Territorial Archives B National/ Territorial associations of archives C Institutional members D Individual members E Honorary members Non-members					
2. Accompanying Person						
Title Mr. Mrs. Prof. Dr. Other.						
Name	(Given Name) (Surname)	en Name) (Surname) (Chinese characters, if any)				
Nationality	Pass	port Number				
Work Address						
3. Registration Fee	*If you need an invoice, please inquire to us.					
EASTICA Members (per person)						
Non- Members (per perso	. ,	□ 150\$				
Accompanying person (Accompanying person (per person)					
I will pay the registration fee in advance by my credit card.						
Credit card type:						
Card Number:						
Expire Date:Month/_	Year Card Holder's Name:					
I will pay it in advance by	y bank transfer. (Please note that remittance charges should be	e borne by the applicant)				
4. Participation in Pr			the number of persons to attend.			
Jul 17 (Tue) Welcor	me Dinner Reception by GAAM	person (s)				

Jul 17 (Tue)	welcome Dinner Reception by GAAW	person (s)
Jul 18 (Wed)	Dinner hosted by the	person (s)
Jul 19 (Thur)	Dinner hosted by the	person (s)
Jul 20 (Fri)	Visit to the GAAM and new archival building	person (s)
Jul 20 (Fri)	Visit to the museums	person (s)

5. Questionnaire

5-1. *Visa Application Request

Do you need our support to apply for a visa when visiting in Mongolia? (Invitation letter, etc.) Necessary - Nationality: ______ Unnecessary

- Dietary (Food) restrictions, if any: ______ Other items of caution or note, if any: ______

Date:_____

Signature: _____