



**BIOLOGICAL WEAPONS CONVENTION**  
**40<sup>th</sup> Anniversary Commemoration**  
**30 March 2015**  
**The Council Chamber**  
**Palais des Nations, Geneva**

**Conference Registration Form**

*Please return this form by e-mail to the BWC/ISU at [bwc@unog.ch](mailto:bwc@unog.ch) or by fax at (+41 22) 917 00 34*

Title of the Conference: \_\_\_\_\_ Date: \_\_\_\_\_

**Biological Weapons Convention 40<sup>th</sup> Anniversary Commemoration**

Delegation/Participant of Country, Organization or Agency: \_\_\_\_\_

Participant:

Mrs.  Mr.  Ms.  Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Participation Category:

Head of Delegation

Observer Organization

Delegation

NGO

Observer Country

Other (please specify below)

**Are you based in Geneva  
as a representative of  
your Permanent Mission?**

YES

NO

Participating from: \_\_\_\_\_

Participating until: \_\_\_\_\_

Official Occupation (in own country): \_\_\_\_\_

Passport or ID Number: \_\_\_\_\_

Valid until: \_\_\_\_\_

Official Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permanent Official Address: \_\_\_\_\_

Address in Geneva: \_\_\_\_\_

Accompanied by Spouse: \_\_\_\_\_

YES

NO

Family Name (Spouse): \_\_\_\_\_

First Name (Spouse): \_\_\_\_\_

**On Issue of ID Card**

**SECURITY USE ONLY**

Participant Signature: \_\_\_\_\_ Card No. Issued: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Initials, UN Official: \_\_\_\_\_

Date: \_\_\_\_\_