

**UNESCO-GTZ Conference on
“Approaching Inclusive Growth through Skills Development”
New Delhi
February 12-13, 2007**

Local Meeting Secretariat
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PARTICIPANT REGISTRATION INFORMATION

ONE FORM PER PARTICIPANT

Please complete in CAPITAL letters and return by fax/e-mail by as soon as possible to the Local Meeting Secretariat.

We request you to clearly note your fax and/or e-mail address.

First Name _____ Last Name _____ Mr. / Ms. / Prof. / Dr. _____

Job Title _____

Organization _____

Mailing Address _____

Postal Code _____ City _____

Country _____

Telephone _____ Fax _____

E-Mail _____

REGISTRATION FEE INR 1500/- PER PARTICIPANT

Payment Options (Please Tick) Cheque Cash Demand Draft

Cheque no./DD no _____

Remarks (If any) _____

Date _____ Participant's Signature. _____

IMPORTANT INFORMATION:

You may like to remit the fee to GTZ Account as below:

Account Holder Name: GTZ/NVTS
Account No: 1511351-00-0
Address: Deutsche Bank, New Delhi