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| **REGISTRATION FORM** |
| **CGAP****4 - 7 March 2025** |
|  |

Please complete the form in **English**, **French** or **Spanish** **only** and use one form for each participant.

*Kindly note that forms received in other languages* ***will not*** *be processed*

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| ***States only*****Delegate from … [State]:****Authority:**  | Click or tap here to enter text.Click or tap here to enter text. |
| ***INGOs/IGOs only*****Name of the organisation**  | Click or tap here to enter text. |
| **Family Name(s)** | Click or tap here to enter text. |
| **Given name(s)** | Click or tap here to enter text. |
| **Gender**  | [ ]  Male [ ]  Female [ ]  Other  |
| **Head of delegation**  | [ ]  Yes[ ]  No  |
| **Function or Job Title** | Click or tap here to enter text. |
| **E-mail**  | Click or tap here to enter text. |
| **Participation**  | [ ]  On site [ ]  Online [ ]  Hybrid  |
| **Comments (Ambassador’s license plate, accessibility requirements, etc.)**  | Click or tap here to enter text. |

Thank you for quoting **“CGAP 2025 – Designation [name of the State/Organisation]"** in the subject line of your e-mail when returning the completed form to**secretariat@hcch.net**, no later than **Thursday 13 February 2025 at 5.00 p.m. (CET).**

***Please note that it may not be possible to accommodate designations received after the deadline.***

In case of changes to your delegation, please inform the HCCH as soon as possible.