CONFERENCE REGISTRATION FORM

Please fill in the form electronically and return by e-mail: skillsmismatch2017@ilo.org

(Please note the information provided will be used on your badge and list of participants.)

Date: 11 - 12 May 2017
Place: ILO Geneva, Switzerland

Participants information

Family name:Click here to enter text.

First name:Click here to enter text.

Title - Prof. Dr. / Mr. Ms. Mrs. Click here to enter text. Other: Click here to enter text.

Organization:Click here to enter text.

Position: Click here to enter text.

Address:Click here to enter text.

Postal code: Click here to enter text. City:Click here to enter text.

Country:Click here to enter text.

Telephone:Click here to enter text. E-mail:Click here to enter text.

I will participate in the evening welcome reception (Thursday, 11 May 2017)

Yes ☐ No ☐

Date: _____/_____/_____/ Signature:_____