CONDITIONS OF WORK
AND EMPLOYMENT PROGRAMME

International Labour Office

TRIPARTITE MEETING OF EXPERTS
ON WORKING TIME ARRANGEMENTS

17 – 21 October 2011, Geneva, Switzerland

INSURANCE DISCLAIMER FORM

to be returned before 20 September 2011 to:

Coralie Thompson, Administrative Assistant
fax. +41 22 799 84 51 / thompsonc@ilo.org

Would you please note that the ILO accepts no liability in the event of accident or illness during your visit to Geneva from 17 to 21 October 2011, and that it is your responsibility to take out any insurance policy you may consider necessary.

Would you please signify your acceptance of the above by signing below.

25 August 2011

Manuela Tomei
Chief, TRAVAIL

AGREED AND ACCEPTED

Name: _____

Date: _____

Signature: _____