

**Management of Natural Resources in Sub-Saharan Africa
Kinshasa, Democratic Republic of Congo – March 21-22, 2012**

Registration Form

Family Name:

First Name:

Middle Name:

Category Attending: Speaker Participant

Gender: Male Female

Passport/ID card number:

Passport/ID card date of expiration:

Nationality:

Official Title:

Organization Name:

Organization Address:

Country:

Telephone:

(Please include the country code in the number.)

Fax:

(Please include the country code in the number.)

Email Address:

Hotel financing: IMF Country Authorities

Airfare financing: IMF Country Authorities

Details of travel to Kinshasa

Date of Arrival:

Flight Number:

Date of Departure:

Flight Number:

Hotel Information

Check-in Date:

Check-out Date: