

Workshop on
Integrated Water Resources Management (IWRM)
in Libya

*Current Status and the Way Forward Demonstrated by
National, Regional and International Experiences*

11-12 April 2007
Tripoli, Libya

Registration Form

Name: (Mr. / Ms.)

Title:

Organization:

Address:

Tel:

Fax:

E-mail:

Web:

I would require financial support for my participation: YES / NO

Date, Time and Flight of Arrival:

Date, Time and Flight of Departure:

Special requirements :
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Please return this form to the Workshop Secretariat:
GWP-Med Secretariat:
secretariat@gwpmed.org
or by fax to + 30210-3317127

VISA APPLICATION FORM

FIRST NAME	
SURNAME	
FATHER'S NAME	
MOTHER'S NAME	
PLACE & DATE OF BIRTH	
SEX	
RELIGION	
PROFESSION	
NATIONALITY	
MARITAL STATUS	
ADDRESS	
PASSPORT NUMBER	
DATE OF ISSUE	
DATE OF EXPIRY	
PREVIOUS VISITS TO LIBYA	
DATE OF ENTRY	
DATE OF DEPARTURE	
REASON FOR VISIT	
LAST ADDRESS IN LIBYA	

Participants that need a visa to enter Libya, have to complete and URGENTLY send this form together with a copy of their passport to the Secretariat.

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