



## REGISTRATION FORM

**13th MEETING OF THE AIPA FACT FINDING COMMITTEE  
(AIFOCOM) TO COMBAT THE DRUG MENACE  
Manila, Philippines  
04 - 08 July 2017**

Please upload  
photograph  
here  
  
*(not exceeding 500kb)*

DELEGATE DETAILS			
Salutation	( ) Mr.      ( ) Mrs.      ( ) Ms.		
Last Name			
First Name			
Name on Badge			
Title			
Position	( ) Member of Parliament    ( ) Officer		
Please Specify	( ) Head of Delegation      ( ) Delegate ( ) AIPA Secretary General    ( ) AIPA Secretariat ( ) Support Staff              ( ) Others: _____		
Organization		Country	
Telephone Number		Fax Number	
Mobile Number		Date of Birth	
E-mail		Blood Type	
Prescribed Medicine			
Food or Drug Allergy			
SPOUSE DETAILS			
Last Name			
First Name			
Name on Badge			
Title			
PASSPORT DETAILS			
Passport Type	( ) Diplomatic    ( ) Official    ( ) Ordinary    ( ) Other: _____		
Passport Number		Place of Issue	
Date of Issue		Date of Expiry	
CREDIT CARD DETAILS			
Issuing Bank			
Card Number		Expiration Date	
TRAVEL INFORMATION			
	Date	Flight Number	Time
Arrival (Manila)			
Departure (Manila)			
DIETARY REQUIREMENTS			
Diet	( ) Halal    ( ) Vegetarian    ( ) Non Vegetarian		
Other Specifications			

Kindly complete this form and send together with a copy of the information page of the passport and one passport size photograph no later than 16 June 2017. For further enquiries please email: [aifocom13philippines@gmail.com](mailto:aifocom13philippines@gmail.com) or call us at **+632-9315979**.