



**MEETING OF THE COMMITTEE OF POLITICAL DIRECTORS OF THE  
SOUTH-EAST EUROPEAN COOPERATION PROCESS**

**Zagreb, 1 March 2007**

**REGISTRATION FORM**

**Country:** \_\_\_\_\_  
**Head of Delegation:** \_\_\_\_\_  
**Name: First:** \_\_\_\_\_ **Last:** \_\_\_\_\_  
**Position/Title:** \_\_\_\_\_  
**Passport No.:** \_\_\_\_\_

**Members of delegation** (name, function, passport - type and number):

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

**Contact person at the Embassy** ( name, function, telephone, fax, e-mail):

\_\_\_\_\_

**Arrival:      Date & Time:** \_\_\_\_\_  
**Place:** \_\_\_\_\_  
(Border crossing – if arriving by car)  
**Transportation means:** \_\_\_\_\_

**Departure:      Date & Time:** \_\_\_\_\_  
**Place:** \_\_\_\_\_  
(Border crossing – if arriving by car)  
**Transportation means:** \_\_\_\_\_