

Conference Registration Form

The Conference is open to representatives of non-governmental organizations (NGOs) associated with the United Nations Department of Public Information (DPI), those in consultative status with the United Nations through the Economic and Social Council, those working with UN agencies and programmes and with UN Information Centres and Services. Please note:

- We must limit the number of participants from any one organization to **no more than five** persons in order to allow others to participate.
- Each participant must fill out this form. Email registration will not be accepted.
- The deadline for registration is 1 June 2005.
- A letter of confirmation will be mailed (not faxed) to the participant upon receipt of this form. The confirmation letter must be presented upon arrival at the Conference, together with a photo ID.

 Please print clearly!

Organization AFRICAN ACTION ON AIDS, Name of Organization: Acronym or Alternative Name of Organization JFK BIVD EAST- SUITE GN-GUTTENBERG, N. Organization's Address: 7100 Telephone Number: (please include country and area code) Participant Participant's Name AZA Participant's Address: (please including country) Telephone Number: (please include country and area code) ALBERTESHORTLABS. Participant's Email: ERT AZOUT Signature:

PLEASE RETURN THIS FORM NO LATER THAN 1 June 2005 TO:

NGO Section, DPI/NGO Resource Centre, Attention: Registration United Nations, Room L-1B-31 New York, NY 10017, USA Fax: (212) 963-2819



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Organization Name of Organization: AFRICAN ACTION ONAIDS, Inc
Acronym or Alternative Name of Organization AAA
Organization's Address: 7100 JFK BIVD EAST, SVITE 6N-GUTTENBERG-, NJ
Telephone Number: (201) 662 7015 Fax: Fax:
Participant
Participant's Name First: RUTH Last: BAMELA ENGO
Participant's Address: 7002 BIVE EAST # 12N (please including country) GUTTENBERG NJ 07093 - USA
Telephone Number: (201) 662 7015 Fax: (212) 963 3862 (please include country and area code)
Participant's Email: ENGO UN. ORG
Signature:
PLEASE RETURN THIS FORM NO LATER THAN 1 June 2005 TO:
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United Nations, Room L-1B-31

New York, NY 10017, USA Fax: (212) 963-2819



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Organization Name of Organization:	AFRICAN ACTION ON AIDS, INC.
	ve Name of Organization AAA
	7100 JFK BIVD EAST, SUITE GN-GUTTENB
Telephone Number: (please include country o	(201) 662 70 15 Fax:
Participant	
Participant's Name	First: SUSAN Last: E.M. ENGO
Participant's Address:	First: SUSAN Last: E.M. ENGO 7100 JFK BIVD EAST, SUITE 6N
(please including countr	
Telephone Number:	(201) 869 70 47 Fax:
please include country (March 100 A A A COM
Participant's Email:	APRICANAA @ AOL COM
Signature:	SUSAN ENGO

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Organization ACTION ON AIDS - Inc AFRICAN Name of Organization: Acronym or Alternative Name of Organization EAST, SUITE ON GUTTENBER JFK BlVd 7100 Organization's Address: (201) 662 7015 Telephone Number: Fax: (please include country and area code) Participant First: TECLAIRE Last: NTOMB Participant's Name GICPAB - B.P. 128 Participant's Address: (please including country) ESEKA - CAMEROUN ___ Fax: <u>0112372205**%** 8</u> 011237 220 5486 Telephone Number: (please include country and area code) AFRICAN AAR AOL COM Participant's Email: TECLAIRE NTOMA Signature:

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	^ -
Acronym or Alterna	tive Name of Organization AAA
Organization's Address	7100 JFK BIVD EAST, SUIR ON GUTTEN
Telephone Number:	(201) 662 7015 Fax:
(please include country	
Participant	
Participant's Name	First: KENNETH Last: KINDER MAN
Participant's Address:	50 EAST 79th STREET
(please including count	NEW YORK, NY 10021
Telephone Number:	(212) 288 1310 Fax:
(please include country	and area code)
Participant's Email:	KEN@AFRICAW ACTION ON AIDS. OR 6
Signature:	KEN KINDERMAN
	* *

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