Registration Form

**27th Meeting of the Wadden Sea Board**

Copenhagen, 12-13 November 2018

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| **Title** | Mr.  Ms. |
| **Given name(s)** | Click here to enter text. |
| **Family name(s)** | Click here to enter text. |
| **Country** | Click here to enter text. |
| **Organization** | Click here to enter text. |
| **Function** | Click here to enter text. |
| **Full postal address (incl. street, city and postcode)** | Click here to enter text. |
| **Country** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Mobile number** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **☐ I will not take part in the dinner on 12th November** **2018.**  **☐ I would like to take part in the dinner on 12th November** **2018.**  **I have the following dietary requirements (please specify):** Click here to enter text. | |
| **Date and signature:**Click here to enter text. | |

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| Completed registration forms should be sent to:  Simone Goth, Common Wadden Sea Secretariat E-mail: goth@waddensea-secretariat.org  The deadline for registration is **1st of November 2018.** |