



**ITU 28th Quality of Service Development Group and
Workshop**

**Kampala, Uganda
3 - 7 October 2011**

Registration Form

Please use **CAPITAL** letters.

Family Name:

Given Name:

Title/Function:

Name of Organisation/Company:

.....

Office Address:

.....

Town:Country:

Telephone Number(s):

.....

Fax Number(s):

E-mail:

Arrival: Date: Time: Flight No.:

Departure: Date: Time: Flight No.:

Please fax or e-mail this form duly completed by **26th September 2011** to the following persons:

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