## REGISTRATION FORM THE FIFTH MEETING OF THE UBC COMMISSION ON LOCAL SAFETY 23rd – 25th of May 2012 in Tallinn, Estonia

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| --- | --- | --- |
| **First name** |  | |
| **Surname** |  | |
| **City/Municipality** |  | |
| **Address** |  | |
| **Phone** |  | |
| **E-mail** |  | |
|  |  | |
| **Date of arrival** |  | By boat 🞎  By air 🞎  Other ……………. |
| **Time** |  | |
| **Date of departure** |  | By boat 🞎  By air 🞎  Other …………….. |
| **Time** |  | |
|  |  | |
| **Hotel reservation** | From | Till |
| **St. Barbara hotel** | Single room 🞎 | Double room 🞎 |
| **Scandic Palace hotel** | Single room 🞎 |  |

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|  |

Date and signature

Return registration form to [monika.lestberg@tallinnlv.ee](mailto:monika.lestberg@tallinnlv.ee)