**Registration form**

UBC Commission on Local Safety

16th-18th October

**Participant**:

First name: Click here to add text.

Surname: Click here to add text.

City/Municipality:Click here to add text

Adress:Click here to add text

Phone:Click here to add text

Email:Click here to add text

**Arrival/Departure to/from Karlstad**

Date of arrival: Click here to add date

By air ☐ Choose airport By train/Bus: ☐ Choose station

Time of arrival in Karlstad: Click here to add time

Date of departure: Click here to add date

By air ☐ Choose airport By train/Bus: ☐ Choose station

Time of departure from Karlstad: Click here to add time

**Hotel**

Please choose the hotel you have booked:

Choose hotel

If other, please state the hotel: Klicka här för att ange text.

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Date & Signature

Send the form to: [robin.olsson@karlstad.se](mailto:robin.olsson@karlstad.se)