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| **Registration Form** | | | | | | | | | | | | Universal Peace Federation  **World Summit 2020**  **“Peace, Security and Human Development”**  **February 2-8, 2020 Seoul, Korea**  Please respond ASAP by email: [worldsummit2020@europe.upf.org](mailto:worldsummit2020@europe.upf.org) | | | | | | | | | | | | | | | | | |
| **PARTICIPANT** | | | | | | | | | | | |
| Completion of this registration form indicates that you have read, understood and agree to comply with the policies set forth in this invitation and that you consent to allow UPF to record and conserve your personal data for the sake of this and future conferences. By attending this conference, you allow the Universal Peace Federation to use any photos and video footage of yourself as well as presentation materials that you present. By providing information requested below you agree that UPF may make it available to conference participants and staff as well as Ambassadors for Peace. The Universal Peace Federation is not responsible for lost or damaged personal items, personal liability, or health related conditions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Gender:**  M F | | | **Is your passport current?**  Yes No  Expiration Date: | | | | | | | | | | | | | | **Visa Status:**   I already have a visa  Already Applied    Not Needed | | | | | | | | | | | | |
| Legal Passport Name: | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | |
| Honorific (*Mr., Ms., Dr., etc.)* | | | | | | | First Name | | | | | | | Middle Name | | | | | | | | FAMILY NAME | | | | | | (Second Family Name) | |
| **Name as you want it to appear on your Name Badge:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| *No more than 20 characters. Include honorific, such as Ven., Dr., Mr., Ms.* ***Include NATION*** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Job Title:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Organization**: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mailing Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Number and Street *(No P.O. Boxes please)* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | COUNTRY (if in USA, give State) | | | | | | | | | | | | | Postal Code | | | | | | |
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| **Office Phone:** | |  | | | | | | | | | | | | | **Cell Phone:** | | | | |  | | | | | | | | | |
|  | | Country Code / City Code / Office Phone | | | | | | | | | | | | |  | | | | | Country Code / City Code / Office Fax | | | | | | | | | |
| **Home Phone:** | |  | | | | | | | | | | | | | **E-mail:** | | | | |  | | | | | | | | | |
|  | | Country Code / City Code / Home Phone | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |
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| **Hotel Room:** | | Non-Smoking Smoking  I will pay $100 per day for a single room (if available) | | | | | | | | | | | | | | | | | | | **English is the official language of the conference. Will you need translation?**  No | | | | | | | |  |
| **Dietary Preferences:** | | Vegetarian  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | Yes: Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |
| **Next of Kin/Emergency Contact Person:** | | | | | | | | |  | | | | | | | | | | Phone: | | | | | |  | | | | |
| Do you have any medical conditions we should be aware of? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Participant Signature:** | | | | |  | | | | | | | | | | | | | | | | | | | | | **Date:** |  | | |
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| Invited By (Name of Your Local Contact): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | | | Fax: | |  | | | | | Email: | | | | | |  | | | | | |