# REGISTRATION FORM

## 64th PLENARY MEETING
## INTERNATIONAL COTTON ADVISORY COMMITTEE
## Liverpool, United Kingdom
## September 25-29, 2005

PLEASE, WRITE CLEARLY

**CHOOSE ONE:**

**Official Delegate** [1] ☐ **Government of** …… Head of Delegation: Yes [ ] No [ ]

[1] Official Delegates are identified by their governments or international organizations. Head of Delegation will receive 2 sets of documents. Each Delegate is not necessarily entitled to receive a set of document.

**Observer** [2] **(US$400.00)** ☐

Title: (Mr. Mrs. Ms.) First Name ……..

Family Name ……

Position ……

Organization ……

Address ……

Address ……

City …… Zip Code ……

Country…… Phone #……

Fax #..... Email……

Language desired for documents (please check one):

☐ Arabic ☐ English ☐ French ☐ Russian ☐ Spanish

Spouse/Guest Name:……..

A guest is a family member, not a co-worker or industry peer. Spouse or guest are not eligible to attend plenary sessions and will not receive plenary meeting documents. However, they may participate in all social activities, including coffee and tea breaks, conference lunches each day, and all dinners and receptions.

**METHOD OF PAYMENT FOR OBSERVERS** [2]

The registration fee for Observers is US$400. One complimentary registration is given per delegation representing non-member countries and international organizations. Observers will receive plenary documents and are eligible to attend all plenary sessions and social activities, including coffee and tea breaks, conference lunches each day, and all dinners and receptions.

Payment may be made by Visa, MasterCard or American Express (please include card number, expiration date, name of cardholder and a signature); by check in U.S. dollars drawn on a U.S. domestic bank coded with the Federal Reserve routing and transit numbers (a US$15 service charge per check should be added for checks without the code); or by wire transfer to Citibank F.S.B. Washington DC USA, ABA routing No. 254070116 in account No. 15218465 (arrangements should be made by sender to pay the wire transfer fee).

Credit Card type _____ | | | | | | | | | | | | | | | | |

Name of cardholder _____ Expiration date _____

Signature _____ ☐ Wire transfer ☐ Check

**PLEASE SEND THIS FORM TO THE ICAC BEFORE AUGUST 25, 2005**

International Cotton Advisory Committee
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To register on line, please visit our web site: http://www.icac.org