**CONFERENCE REGISTRATION FORM**

***Please fill in the form electronically and return by e-mail:*** skillsmismatch2017@ilo.org

***(Please note the information provided will be used on your badge and list of participants.)***

**Date:** 11 - 12 May 2017
**Place:** ILO Geneva, Switzerland

**Participants information**

Family name:Click here to enter text.

First name:Click here to enter text.

Title - Prof. Dr. / Mr. Ms. Mrs. Click here to enter text. Other: Click here to enter text.

Organization:Click here to enter text.

Position: Click here to enter text.

Address:Click here to enter text.

Postal code: Click here to enter text. City:Click here to enter text.

Country:Click here to enter text.

Telephone:Click here to enter text. E-mail:Click here to enter text.

**I will participate in the evening welcome reception (Thursday, 11 May 2017)**

**Yes** [ ]  **No** [ ]

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_/ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_