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| **AU-EASTERN AFRICA REGIONAL INTERNET EXCHANGE POINT (RIXP) AND REGIONAL INTERNET CARRIER WORKSHOP**  **26th – 30th May 2014**  **Kigali, Rwanda**  **REGISTRATION FORM** |

**FULL NAME:………………………………………………………………………………...**

**OFFICIAL TITLE/DESIGNATION:………………………………………………………….**

**ORGANISATION:……………………………………………………………..**

**ADDRESS:………………………………..…………………………………………...………**

**TELEPHONE:.…….…………………………. FAX:.…………………………….............**

**MOBILE:…………………………………………………………………………………….**

**E-MAIL ADDRESS:………………………………………………………………….……**

**HOTEL:………………....…..……………………………………………………………….**

**ARRIVAL DATE:………………………… FLIGHT NO:……….TIME: ………………….**

**DEPARTURE DATE:……………………. FLIGHT NO:……… TIME:………................**

**SIGNATURE: ……………………………………………………………………………........**