

**UNIVERSAL SAFETY OVERSIGHT AUDIT PROGRAMME (USOAP) CONTINUOUS MONITORING APPROACH (CMA) REGIONAL WORKSHOP FOR THE EASTERN AND SOUTHERN AFRICAN (ESAF) REGION (NAIROBI, KENYA, 29 – 31 MARCH 2016)**

**ATTENDANCE NOTIFICATION AND REGISTRATION FORM**

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| * Please fill and forward the form in the same (MS Word) format. Do not fax, scan or change format to PDF. * Insert information in the grey empty boxes * Where appropriate, click to make the appropriate selection | | | |
| 1. Surname |  | |  | |
| 1. Given Name (s) | |  | | |
| 1. Job Title | |  | | |
| 1. State/Organization | |  | | |
| 1. Mailing Address | |  | | |
| 1. Telephone | |  | | |
| 1. Fax | |  | | |
| 1. E-mail address | |  | | |
| 1. Hotel | |  | | |

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