



50TH ANNIVERSARY CONFERENCE Transport Conference Registration Form

Miss, Mrs, Mr: _____

First Name: _____

Last name: _____

Sector of Transportation: _____

Organisation: _____

Country: _____

Business Address: _____

Daytime Telephone: _____

Office: _____

Mobile/ Cellular: _____

Email: _____

**NB Please email a brief situation report of transport in your country by October
10th 2005.**