



***THE INTERNATIONAL CONFERENCE ON THE CHILD ALERT SYSTEMS IN
EU MEMBER STATES***

CONGRESS CENTRE PRAGUE 19th MAY 2009

Registration Form

First name:	Ms	Mr
Family name:		
Title / Function:		
Name of organisation:		
Country:		
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ID/passport (type):	Number:	Expiration date:
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Please fill the form and send on the address: vasat@mvcz.cz, no latter then 4th of May.