

**Registration Form**

**SDMX Global Conference 2017**

**2-5 October 2017, UNECA, Addis Ababa**

[**https://sdmx.org/**](https://sdmx.org/)



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| **Title (Mr. Mrs. etc.)** |  |
| **Last name** |  |
| **First name** |  |
| **Organisation or company** |  |
| **Email** |  |
| **Job title** |  |
| **Department/Division** |  |
| **Business phone** |  |
| **Address** |  |
| **City** |  |
| **Country/State** |  |
| **ZIP/Postal code** |  |
| **Country** |  |
| **Special requirements** |  |
| **Technical or content capacity building stream** |  |

**Please fill in the registration form and send it to** [**globalconferenceregistration@sdmx.org**](mailto:globalconferenceregistration@sdmx.org) **by 15th August 2017**

**Contributors and presenters should register by 14th July 2017 at the latest**