



FIFTH INTER-AMERICAN DIALOGUE ON WATER MANAGEMENT

REGISTRATION FORM

Name: _____

Organization: _____

Address: _____

City and Postal Code: _____

Phone: _____ Fax: _____

Email: _____

I intend to participate: Yes No

I intend to present a paper: Yes No

Title: _____

Signature: _____ Date: _____

Please return form to the conference secretariat at:

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Co-Chair Dialogue V
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P.O. Box 91
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