**REGISTRATION FORM**

Please fill information follow:

|  |  |  |
| --- | --- | --- |
| **Content** | **Workshop**  **27/5/2020**  ***(IP Mediation Virtual Workshop)*** | **Meeting**  **18/6/2020**  ***( Virtual Meeting)*** |
| Full name: ………………………………….….…… |  |  |
| Organisation/Company: ………………….………… |
| Professional Position: ………………………………. |
| Email: ………………………………………………. |
| Mobile phone:………………………………………. |
| Photo: |

Please send this Form to email address: [dangkyhoithaoshtt@gmail.com](mailto:dangkyhoithaoshtt@gmail.com) **before 14 May 2020**.

**Signature**