**Registration and Composition of the delegation of**

***"******Name and address of the NSB" (\*)***

Please complete the following reply slip and return it (by e-mail) before       *(Date of the Information letter plus at least six weeks)* to the TC Secretary       (*name, address, telephone and e-mail address of the Secretary).*

**Reply slip**

Date:.

National Standardization Body (\*):..

Name:.

**1) Please complete this form by giving the name, organization, professional address, professional telephone and e-mail address of the nominated delegates and head of delegation from your National Standardization Body to CEN/TC*****”******TC (provisional) title"*, according to CEN/CENELEC Internal Regulations - Part 2, subclause 3.2.2.**

**Head of delegation:**

Family name:...................................Given name:.......................................

Organization:.................................................................................................

Professional address:......................................................................................

....................................................................................................................

Professional telephone:................................ E-mail ……....................................

**Nominated delegates:**

Family name:...................................Given name:.......................................

Organization:.................................................................................................

Professional address:......................................................................................

....................................................................................................................

Professional telephone:................................ E-mail ……....................................

(\*) or any other delegate authorized to attend the TC meeting (e.g. European Association in liaison, EC/EFTA representative,…)

Family name:...................................Given name:.......................................

Organization:.................................................................................................

Professional address:......................................................................................

....................................................................................................................

Professional telephone:................................ E-mail ……....................................

**Observer:**

Family name:...................................Given name:.......................................

Organization:.................................................................................................

Professional address:......................................................................................

....................................................................................................................

Professional telephone:................................ E-mail ……....................................

**2)** **Please complete:**

|  |  |  |  |
| --- | --- | --- | --- |
| will attend the social event (if any) | Yes ’ | No ’ | (cross where appropriate) |

accompanied by

**Member body, committee or organization in liaison:**

**Date**:       **Signature**:

**Copy to:**