

<p>MEETING REGISTRATION FORM IPACG/44 Providers Meeting: 20 & 24 August 2018 FIT/31: 21 August 2018 IPACG/44: 22 & 23 August 2018 Honolulu, Hawaii</p>

Mr. Ms. Dr.

 First Name

 Last Name

 Position/Title

 Phone

 Company/Organization

 Fax

 E-mail

 Address

 City/State/Postal Code/Country

 Name as you want it to appear on name badge

I will attend: IPACG/22 PM IPACG/44 FIT/31

All working papers (WPs) and information papers (IPs) will be distributed via IPACG website and electronically at the meeting.

Please email this form to:

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 ATO International
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