**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 **before 14 May 2020**.

**Signature**