

Briefing Programme Request Form

Date: _____

Name of Organization	
Address / Country	
Website	
<u>Contact Details of Requester:</u>	
Name / Position	
Telephone	
Email	
<u>Group Details:</u>	
Name / Contact number of group leader <i>(present on day of briefing)</i>	
Topics of interest	
Number of visitors	
Proposed visit dates & times	Option A: Option B:
Additional request / remarks	

Strategic Communications and Advocacy Section

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