

**LEARNING CENTRE @CSD-12 PRE-REGISTRATION FORM**  
**NEW YORK, 19-30 APRIL 2004**

(Please fill out a separate form for each course. Note: you must be a CSD participant in order to register)

**Course that you are pre-registering for**

Please indicate name and date/time of course

**Applicant Information**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (including area code): : \_\_\_\_\_

Email Address: \_\_\_\_\_

**Optional Information**

The following information may assist instructors in course preparation:

Reasons for choosing this course:

Have you had other courses or experience in this topic?

**Please submit completed form to:**  
**By email: [CSDLearningCenter@un.org](mailto:CSDLearningCenter@un.org)**  
**Or by fax: +1 212-963-4340**