

Short-Term Observer Registration Form Parliamentary Elections in Hungary, 6 April 2014

Registration Date: (dd.mm.yy)						
PERSONAL INFORMAT	ION (Please ans	wer each section	clearly, complete	ely and use only I	English transcription)	
Family Name:			Date of Birth: (dd.mm.yy)			
First Name:			Mobile in the field: (country code +number)			
Nationality:			Email:			
Passport Number:			Languages:			
Passport Type:	Diplomatic/Regular/Service		E-day Interpretation:		ENG -RUS -FR -SP-IT-GER	
CONTACT PERSON (India	cate contact detail	s for the person in	charge of pract	ical arrangements	s for your participatio	n)
First Name &Surname:						
Mobile:			Email:			
TRAVEL INFORMATION	N					
Arrival Date:(dd.mm.yy)			Departure Date:(dd.mm.yy)			
Arrival Time: (hh:mm)			Departure Time: (hh:mm)			
Arrival Flight:			Departure Flight:			
VISA	Embassy			Not Needed		
TRANSPORTATION To/From the Airport	OSCE		Embassy		Own Arrangements	
DEPLOYMENT ON ELEC	CTION DAY					
Preference of Deployment Par	tner: (if any)					
Car on Election Day	OSCE		Embassy		Own Arrangements	
Interpretation on Election Day	OSCE		Embassy		Own Arrangements	
Preference for Deployment Pla	ace (Please indicat	e more than one opt	ion)	1	ı	
AREA*		Option 1	Option 2	Option 3	Driving Time	
Budapest city					n/a	
Budapest surroundings					max 60 min	
Vac					40 min	
Gyor					90 min	
Balatonfured					90 min	
Miskolc					120 min	
Szeged					100 min	
Petro					150 min	
Other (please define)					180 min	
Other (please define)						

Please return this form together with a passport copy by Friday 21 March 2014 to Ms. Iryna Sabashuk OSCE PA Secretariat tel: +45 33 37 80 47 fax +45 33 37 80 30 eom.hu@oscepa.dk

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