



## THE EUROPEAN OMBUDSMAN

### Registration Form

## **"The European Ombudsman's new mandate - What to expect?"**

**Friday 12 March, 10.00 - 12.00**

**Followed by a reception**

**European Parliament, rue Wiertz 50, Brussels  
Altiero Spinelli Entrance, room ASP A 1G-2**

Please x where appropriate

- ☐ I will attend  
☐ I will not attend

**Surname** \_\_\_\_\_ **First name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Organisation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

The following information is required only from participants who do not have an access badge for the EP:

**Passport Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Please return this form by e-mail to [gabrielle.sheridan@ombudsman.europa.eu](mailto:gabrielle.sheridan@ombudsman.europa.eu)  
or by fax: +33 (0)3 88 17 90 62**

Please note that the information you provide in this registration form may be used again for future Ombudsman events.