**REGISTRATION FORM**

**Webinar on COVID-19 Related Medicines**

**UNICEF Request for Proposal (RFP) 503183**

**Tuesday, 06 October 2020 from 14:30 to 16:00 (CEST)**

**VIRTUAL MEETING VIA ZOOM**

Please **provide the required information** and **return the form** by email to kebert-kondrup@unicef.org latest 13:00 on Monday, 05 October 2020.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Mr/Ms |  |
| First Name |  |
| Surname |  |
| Title |  |
| Company Name |  |
| Email address |  |
| Telephone/Mobile |  |

Your personal data is only for the purpose of this meeting to enable us to send you the ZOOM meeting link and will only be kept for as long as needed.

Once registration is complete, you will receive via email, ZOOM link and password.

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