



**World Health Organization**  
**Meeting of Interested Parties, 18 to 29 June 2001**

**PERSONAL INFORMATION FORM FOR ATTENDING PARTICIPANTS**

Name.....Title.....  
 (Please underline family name and use CAPITAL LETTERS ONLY)

Government/Organization.....  
 .....

Mailing address .....  
 .....

Telephone ..... Fax ..... E-mail.....

Please check your preferred language for documentation. English \_\_\_\_\_ French \_\_\_\_\_

***Please indicate the meetings you are attending by checking the relevant box***

Date	Session	
Monday, 18 June	Opening	
	• Health and Environment	
	• Food Safety	
Tuesday, 19 June	• Nutrition	
	• Sustainable Development	
	• Women's Health	
Wednesday, 20 June	• Child and Adolescent Health	
	• Research and Programme Development in Reproductive Health	
	• Making Pregnancy Safer	
Thursday, 21 June	• HIV/AIDS	
	• Communicable Disease Surveillance	
	• Communicable Disease Prevention, Eradication & Control	
Friday, 22 June	• Malaria	
	• Tuberculosis	
	• Evidence for Health Policy	
Monday, 25 June	• Organization of Health Services	
	• Research Policy and Promotion	
	• Health Information Management and Dissemination	
Tuesday, 26 June	• Emergency Preparedness and Response	
	• Essential Medicines: Access, Quality and Rational Use (continued on 27 June)	
	• Immunization and Vaccine Development	
Wednesday, 27 June	• Blood Safety and Clinical Technology	
	(including Thematic Discussions and Break-out Sessions)	
	• Surveillance, Prevention and Management of Noncommunicable Diseases	
Thursday, 28 June	• Tobacco	
	• Health Promotion	
	• Disability/Injury Prevention and Rehabilitation	
Friday, 29 June	• Mental Health and Substance Abuse	

**PLEASE PLACE THE COMPLETED FORM IN THE BOX LABELLED "INFORMATION" ON THE REGISTRATION DESK. THANK YOU**