

REGISTRATION FORM

Please take a moment to verify that all fields have been completed correctly before submitting your registration.

<p>ATTENDANCE</p> <p>Please indicate which days you want to cover.</p>	<input type="checkbox"/> 08.01 Wednesday <input type="checkbox"/> 08.02 Thursday <input type="checkbox"/> 08.03 Friday <input type="checkbox"/> 08.04 Saturday <input type="checkbox"/> 08.05 Sunday	
<p>PERSONAL INFORMATION</p> <p>All information is required</p>	Salutation	
	Given Name	
	Surname	
	E-mail address	
<p>YOUR ORGANIZATION</p>	Mailing address	
	Telephone number	
	Publication language	
	Medium	<input type="checkbox"/> Newsprint <input type="checkbox"/> Newsmagazine <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Web
	Please provide the name of your publication and a link to at least two works bylined by you.	
<p>DEMOGRAPHY</p>	Primary language	

<p>The answers you give here will provide Wikimedia with important statistical data, so please make them accurate and meaningful. These questions are mandatory, but we will never disclose any of your personal information, this section included, without your consent.</p>	Country	
	Year of birth	
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to state
	Conference tracks of particular interests	