

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
October 14, 2015 11:04:19 AM GMT+02	+41 22 7322150	264	15	Received
14/10 2015 10:53 FAX +41 22 7322150	GREEK MISSION GENEVA			001/015



PERMANENT MISSION OF GREECE  
TO THE UNITED NATIONS OFFICE  
AT GENEVA

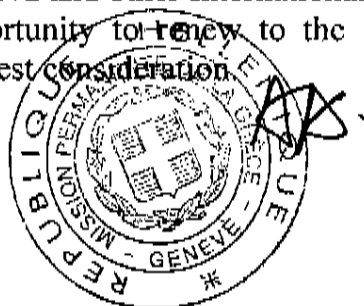
**VERY URGENT**

No 6171.2/138 /AS 1611

***VERBAL NOTE***

The Permanent Mission of Greece to the United Nations Office at Geneva and other International Organizations in Switzerland presents its compliments to the Secretariat of the Human Rights Committee (CCPR) and has the honour to attach the list with the members of the Greek Delegation during the consideration of Greece's report by the CCPR on 19th of October 2015 (afternoon) and the 20th of October 2015 (morning) as well as the relevant Conference Registration forms for the issuing of entrance badges to both the Palais Wilson and the Palais des Nations.

The Permanent Mission of Greece to the United Nations Office at Geneva and other International Organizations in Switzerland avails itself of the opportunity to ~~renew~~ to the Secretariat of the CCPR the assurances of its highest consideration.



Geneva, October 14, 2015

Secretariat of the  
Human Rights Committee (CCPR)  
Palais Wilson  
CH-1201 Geneva 10  
Fax : 022- 917 90 08

Att. p. 14

NAME	TITLE
H.E. Mr. Konstantinos Papaioannou	Head of Delegation, Secretary-General for Transparency and Human Rights, Ministry of Justice, Transparency and Human Rights
H.E. Mr. Alexandros Alexandris	Ambassador, Permanent Representative of Greece to the United Nations and Other International Organizations in Geneva
Mr. Elias Kastanas	Legal Counselor, Legal Department, Ministry of Foreign Affairs
Ms. Maria Ververidou	Expert Counselor, Office of the National Rapporteur on Trafficking in Human Beings, Ministry of Foreign Affairs
Ms. Georgia Papageorgiou	Head of the Department of European and International Cooperation, General Secretariat for Gender Equality, Ministry of Interior and Administrative Reconstruction
Ms. Maria Gavouchidou	Police Captain, Ministry of Interior and Administrative Reconstruction (Citizen Protection)
Ms. Sevastiana Kourti	Police Officer, Ministry of Interior and Administrative Reconstruction (Citizen Protection)
Ms. Evangelia Koufopanteli	Attached to the Office of the Alternate Minister of Interior and Administrative Reconstruction (Migration Policy)
Ms. Aikaterini Toura	Member of the Department of European and International Affairs, Ministry of Education, Research and Religious Affairs
Ms. Maria Rossidi	Legal Advisor, General Secretariat for Transparency and Human Rights, Ministry of Justice, Transparency and Human Rights
Mr. Evangelos Xintaropoulos	Legal Advisor, General Secretariat for Transparency and Human Rights, Ministry of Justice, Transparency and

	Human Rights
Ms. Evangelia Zerva	Member of the Department of International Relations, Ministry of Labour, Social Security and Social Solidarity
Ms. Evangelia Pappa	Member of the Department of Coordination and Organization (Roma Issues), National Centre for Social Solidarity, Ministry of Labour, Social Security and Social Solidarity



**UNITED NATIONS OFFICE AT GENEVA** *Please Print*  
**Conference Registration Form**

Date 

Please fax this completed form to the Host Secretariat and **BRING THIS ORIGINAL** with you to Geneva.  
 An additional form is required for spouses.

## Title of the Conference

## Delegation/Participant of Country, Organisation or Agency

## Participant

## Family Name

## First Name

Mr.

Mrs.

Ms

## Date Of Birth

(DD/MM/YYYY)

## Participation Category

Head of Delegation Members

Observer Organisation

Delegation Member

NGO (ECOSOC Accred.)

Observer Country

Other (Please specify below)

From

Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

## Document Language Preference

English

French

Other

## Origin of Identity Document

## Passport or ID Number

## Valid Until

## Official Telephone No.

## Fax No.

## Official Occupation

## Permanent Official Address

## Address in Geneva

## Email Address

**On Issue of ID Card**

Participant Signature

Date

Participant photograph if form is sent in advance of the conference date.

Please PRINT your name on the reverse side of the photograph

PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO. IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO

**Security Use Only**

Card N°. Issued

Initials, UN Official



# UNITED NATIONS OFFICE AT GENEVA *Please Print*

## Conference Registration Form

Date 

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Title of the Conference

Delegation/Participant of Country, Organisation or Agency

<b>Participant</b>	<b>Family Name</b>	<b>First Name</b>
Mr. <input type="checkbox"/>	<input style="width: 100%;" type="text" value="VERVERIDOU"/>	<input style="width: 100%;" type="text" value="MARIA"/>
Mrs. <input type="checkbox"/>		
Ms <input checked="" type="checkbox"/>	<b>Date Of Birth</b>	<b>( DD/MM/YYYY )</b>
<b>Participation Category</b>		

Head of Delegation Members <input type="checkbox"/>	Observer Organisation <input type="checkbox"/>	
Delegation Member <input checked="" type="checkbox"/>	NGO (ECOSOC Accred.) <input type="checkbox"/>	From <input style="width: 100px;" type="text" value="19/10/2015"/>
Observer Country <input type="checkbox"/>	Other (Please specify below) <input type="checkbox"/>	Until <input style="width: 100px;" type="text" value="20/10/2015"/>

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

Document Language Preference English  French  Other

<b>Origin of Identity Document</b>	<b>Passport or ID Number</b>	<b>Valid Until</b>
<input style="width: 100%;" type="text" value="GR"/>	<input style="width: 100%;" type="text" value="AH903580"/>	<input style="width: 100%;" type="text" value=""/>
<b>Official Telephone No.</b>	<b>Fax No.</b>	<b>Official Occupation</b>
<input style="width: 100%;" type="text" value="+30-210-3681544"/>	<input style="width: 100%;" type="text" value=""/>	<input style="width: 100%;" type="text" value="EXPERT-COUNSELOR"/>
<b>Permanent Official Address</b>		
<input style="width: 100%;" type="text" value="1 VAS SOPHIAS AVE 10671 ATHENS GREECE"/>		
<b>Address in Geneva</b>		
<input style="width: 100%;" type="text" value="MISSION PERMANENTE DE LA GRECE, 4, RUE DU LEMAN"/>		
<b>Email Address</b>		
<input style="width: 100%;" type="text" value="ververidou.maria@mfa.gr"/>		

### On Issue of ID Card

Participant Signature

Date

Participant photograph if form is sent in advance of the conference date.

Please **PRINT** your name on the reverse side of the photograph

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Initials, UN Official



# UNITED NATIONS OFFICE AT GENEVA *Please Print*

## Conference Registration Form

Date 

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Title of the Conference

Delegation/Participant of Country, Organisation or Agency

Participant	Family Name	First Name
Mr. <input type="checkbox"/>	<input type="text" value="GAVOUCRIDOU"/>	<input type="text" value="MARIA"/>
Mrs. <input checked="" type="checkbox"/>		
Ms. <input type="checkbox"/>	Date Of Birth	( DD/MM/YYYY)
	<input type="text" value="28/04/1984"/>	

Head of Delegation Members	<input type="checkbox"/>	Observer Organisation	<input type="checkbox"/>	
Delegation Member	<input checked="" type="checkbox"/>	NGO (ECOSOC Accred.)	<input type="checkbox"/>	<input type="text" value="19/10/2015"/>
Observer Country	<input type="checkbox"/>	Other (Please specify below)	<input type="checkbox"/>	From <input type="text" value="20/10/2015"/>
				Until

**Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE**

Document Language Preference English  French  Other

Origin of Identity Document	Passport or ID Number	Valid Until
<input type="text" value="GREEK"/>	<input type="text" value="AI1506188"/>	<input type="text" value="21/12/2016"/>
Official Telephone No.	Fax No.	Official Occupation
<input type="text" value="+302106977466"/>	<input type="text" value="+302106977811"/>	<input type="text" value="POLICE CAPTAIN"/>
Permanent Official Address		
<input type="text" value="4, P. KANELLOPOULOU"/>		
Address in Geneva		
<input type="text" value="MISSION PERMANENTE DE LA GRECE, 4, RUE DU LEMAN"/>		
Email Address		
<input type="text" value="m.gavouchidou@astynomia.gr"/>		

<p><b>On Issue of ID Card</b></p> <p>Participant Signature</p> <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <p style="text-align: center;">Date</p> <input style="width: 100%; height: 20px;" type="text"/>	<p style="text-align: center;">Participant photograph if form is sent in advance of the conference date.</p> <p style="text-align: center;">Please PRINT your name on the reverse side of the photograph</p>	<p style="text-align: center; font-size: small;">PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO. IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO</p>	<p style="text-align: center;"><b>Security Use Only</b></p> <p style="text-align: center;">Card N°. Issued</p> <input style="width: 100%; height: 20px;" type="text"/>  <p style="text-align: center;">Initials, UN Official</p> <input style="width: 100%; height: 20px;" type="text"/>
--	--	---	--



**UNITED NATIONS OFFICE AT GENEVA** *Please Print*  
**Conference Registration Form**

Date 

Please fax this completed form to the Host Secretariat and **BRING THIS ORIGINAL** with you to Geneva.  
 An additional form is required for spouses.

Title of the Conference

Delegation/Participant of Country, Organisation or Agency

Participant

Family Name

First Name

Mr. Mrs. Ms 

Date Of Birth

( DD/MM/YYYY)

Participation Category

Head of Delegation Members Observer Organisation Delegation Member NGO (ECOSOC Accred.) Observer Country Other (Please specify below) 

From

Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

Document Language Preference

English French Other 

Origin of Identity Document

Passport or ID Number

Valid Until

Official Telephone No.

Fax No.

Official Occupation

Permanent Official Address

Address in Geneva

Email Address

**On Issue of ID Card**

Participant Signature

Date

Participant photograph if form is sent in advance of the conference date.

Please **PRINT** your name on the reverse side of the photograph

PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO. IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO

**Security Use Only**

Card N°. Issued

Initials, UN Official



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Date 

Please fax this completed form to the Host Secretariat and **BRING THIS ORIGINAL** with you to Geneva.  
 An additional form is required for spouses.

## Title of the Conference

## Delegation/Participant of Country, Organisation or Agency

## Participant

## Family Name

## First Name

Mr. Mrs. 

## Date Of Birth

(DD/MM/YYYY)

Ms 

## Participation Category

Head of Delegation Members Observer Organisation Delegation Member NGO (ECOSOC Accred.) Observer Country Other (Please specify below) 

From

Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

## Document Language Preference

English French Other 

## Origin of Identity Document

## Passport or ID Number

## Valid Until

## Official Telephone No.

## Fax No.

## Official Occupation

## Permanent Official Address

## Address in Geneva

## Email Address

**On Issue of ID Card**

## Participant Signature

Date

Participant photograph if form is sent in advance of the conference date.

Please PRINT your name on the reverse side of the photograph

PLEASE NOTE ONLY CERTAIN CONFERENCEES REQUIRE A PHOTO, IF YOU ARE NOT ASKED

**Security Use Only**

Card N°. Issued

Initials, UN Official





**UNITED NATIONS OFFICE AT GENEVA** *Please Print*  
**Conference Registration Form** Date 13/10/2015

Please fax this completed form to the Host Secretariat and **BRING THIS ORIGINAL** with you to Geneva.  
 An additional form is required for spouses.

**Title of the Conference**

115<sup>th</sup> SESSION OF THE HUMAN RIGHTS COMMITTEE

**Delegation/Participant of Country, Organisation or Agency**

GREECE

<b>Participant</b>	<b>Family Name</b>	<b>First Name</b>
Mr. <input type="checkbox"/>	ZERVA	EVANGELIA
Mrs. <input type="checkbox"/>		
Ms <input checked="" type="checkbox"/>	<b>Date Of Birth</b>	<b>(DD/MM/YYYY)</b>
<b>Participation Category</b>	29/07/1979	

<b>Head of Delegation Members</b>	<input type="checkbox"/>	<b>Observer Organisation</b>	<input type="checkbox"/>	
<b>Delegation Member</b>	<input checked="" type="checkbox"/>	<b>NGO (ECOSOC Accred.)</b>	<input type="checkbox"/>	19/10/2015
<b>Observer Country</b>	<input type="checkbox"/>	<b>Other (Please specify below)</b>	<input type="checkbox"/>	From 20/10/2015
				Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

**Document Language Preference** English  French  Other

<b>Origin of Identity Document</b>	<b>Passport or ID Number</b>	<b>Valid Until</b>
GREECE	AI 0993134	14/ 11/ 2016
<b>Official Telephone No.</b>	<b>Fax No.</b>	<b>Official Occupation</b>
0030 213 1516386	0030 210 5295422	Government Official
<b>Permanent Official Address</b>		
29 Stadiou, str., 101 10, Athens, Greece		
<b>Address in Geneva</b>		
MISSION PERMANENTE DE LA GRECE, 4, RUE DU LEMAN		
<b>Email Address</b>		
ezerva@ypakp.gr		

**On Issue of ID Card**

**Participant Signature**

**Date**

Participant photograph if form is sent in advance of the conference date.

Please PRINT your name on the reverse side of the photograph

PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO, IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO

**Security Use Only**

**Card N° Issued**

**Initials, UN Official**



# UNITED NATIONS OFFICE AT GENEVA *Please Print*

## Conference Registration Form

Date 

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An additional form is required for spouses.

## Title of the Conference

## Delegation/Participant of Country, Organisation or Agency

Participant	Family Name	First Name
Mr. <input checked="" type="checkbox"/>	<input style="width: 100%;" type="text" value="KASTANAS"/>	<input style="width: 100%;" type="text" value="ELIAS"/>
Mrs. <input type="checkbox"/>		
Ms <input type="checkbox"/>	Date Of Birth	(DD/MM/YYYY)
	<input style="width: 150px;" type="text" value="15 / 04 / 1967"/>	
Participation Category		

Head of Delegation Members	<input type="checkbox"/>	Observer Organisation	<input type="checkbox"/>	
Delegation Member	<input checked="" type="checkbox"/>	NGO (ECOSOC Accred.)	<input type="checkbox"/>	<input style="width: 100px;" type="text" value="19/10/2015"/>
Observer Country	<input type="checkbox"/>	Other (Please specify below)	<input type="checkbox"/>	From <input style="width: 100px;" type="text" value="20/10/2015"/>
				Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

Document Language Preference English  French  Other

Origin of Identity Document	Passport or ID Number	Valid Until
<input style="width: 100%;" type="text" value="PASSPORT"/>	<input style="width: 100%;" type="text" value="XB0533571"/>	<input style="width: 100%;" type="text" value="19/12/2016"/>
Official Telephone No.	Fax No.	Official Occupation
<input style="width: 100%;" type="text" value="00302103683619"/>	<input style="width: 100%;" type="text" value="00302103681717"/>	<input style="width: 100%;" type="text" value="LEGAL DEPARTMENT, MFA"/>
Permanent Official Address		
<input style="width: 100%;" type="text" value="10, ZALOKOSTA STR., 10671, ATHENS, GREECE"/>		
Address in Geneva		
<input style="width: 100%;" type="text" value="MISSION PERMANENTE DE LA GRECE, 4, RUE DU LEMAN"/>		
Email Address		
<input style="width: 100%;" type="text" value="kastanas@mfa.gr"/>		

<p><b>On Issue of ID Card</b></p> <p>Participant Signature</p> <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <p style="text-align: center;">Date</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Participant photograph if form is sent in advance of the conference date.</p> <p>Please PRINT your name on the reverse side of the photograph</p>	<p style="text-align: center; font-size: small;">PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO, IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO</p>		<p><b>Security Use Only</b></p> <p style="text-align: center;">Card N°. Issued</p> <input style="width: 100%; height: 20px;" type="text"/>  <p style="text-align: center;">Initials, UN Official</p> <input style="width: 100%; height: 20px;" type="text"/>
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**UNITED NATIONS OFFICE AT GENEVA** *Please Print*  
**Conference Registration Form** Date

Please fax this completed form to the Host Secretariat and **BRING THIS ORIGINAL** with you to Geneva.  
 An additional form is required for spouses.

Title of the Conference

Delegation/Participant of Country, Organisation or Agency

Participant	Family Name	First Name
Mr. <input type="checkbox"/>	<input type="text" value="Papageorgiou"/>	<input type="text" value="Georgia"/>
Mrs. <input checked="" type="checkbox"/>		
Ms <input type="checkbox"/>	Date Of Birth	(DD/MM/YYYY)
	<input type="text" value="01/01/1976"/>	
Participation Category		

Head of Delegation Members	<input type="checkbox"/>	Observer Organisation	<input type="checkbox"/>	
Delegation Member	<input checked="" type="checkbox"/>	NGO (ECOSOC Accred.)	<input type="checkbox"/>	<input type="text" value="19/10/2015"/>
Observer Country	<input type="checkbox"/>	Other (Please specify below)	<input type="checkbox"/>	From <input type="text" value="20/10/2015"/>
				Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

Document Language Preference English  French  Other

Origin of Identity Document	Passport or ID Number	Valid Until
<input type="text" value="Greece"/>	<input type="text" value="AM 116520"/>	<input type="text"/>

Official Telephone No.	Fax No.	Official Occupation
<input type="text" value="00302131511156"/>	<input type="text" value="00302103231316"/>	<input type="text" value="Head of Department in General Secretariat for Gender Equality, Hellenic Ministry of Interior"/>

Permanent Official Address

Address in Geneva

Email Address

**On Issue of ID Card**

Participant Signature

Date

Participant photograph If form is sent in advance of the conference date.

Please **PRINT** your name on the reverse side of the photograph

PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO, IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO

**Security Use Only**

Card N°. Issued

Initials, UN Official



# UNITED NATIONS OFFICE AT GENEVA *Please Print*

## Conference Registration Form

Date

13/10/2015

Please fax this completed form to the Host Secretariat and **BRING THIS ORIGINAL** with you to Geneva.  
An additional form is required for spouses.

Title of the Conference

115<sup>th</sup> SESSION OF THE HUMAN RIGHTS COMMITTEE

Delegation/Participant of Country, Organisation or Agency

GREECE

Participant

Family Name

First Name

Mr.

KOURTI

SEVASTIANA

Mrs.

Date Of Birth

11/12/1982

(DD/MM/YYYY)

Ms

Participation Category

Head of Delegation Members

Observer Organisation

Delegation Member

NGO (ECOSOC Accred.)

19/10/2015

Observer Country

Other (Please specify below)

From

20/10/2015

Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

Document Language Preference

English

French

Other

Origin of Identity Document

GREEK

Passport or ID Number

269696026

Valid Until

30/11/2021

Official Telephone No.

0030-2106977644

Fax No.

0030 2106983934

Official Occupation

POLICE OFFICER

Permanent Official Address

P. KANELLOPOULOU 4, PO Box 10177, ATHENS

Address in Geneva

MISSION PERMANENTE DE LA GRECE. 4. RUE DU LEMAN

Email Address : tanyakourti@yahoo.com

**On Issue of ID Card**

Participant Signature

Date

13/10/2015

Participant photograph if form is sent in advance of the conference date.

Please PRINT your name on the reverse side of the photograph

PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO. IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO

**Security Use Only**

Card No. Issued

Initials, UN Official



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**Conference Registration Form** Date 13/10/2015

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Title of the Conference

115<sup>th</sup> SESSION OF THE HUMAN RIGHTS COMMITTEE

Delegation/Participant of Country, Organisation or Agency

GREECE

Participant	Family Name	First Name
Mr. <input type="checkbox"/>	TOURA	AIKATERINI
Mrs. <input type="checkbox"/>		
Ms <input type="checkbox"/>	Date Of Birth	( DD/MM/YYYY)
Participation Category	27/02/1975	

Head of Delegation Members <input type="checkbox"/>	Observer Organisation <input type="checkbox"/>	
Delegation Member <input checked="" type="checkbox"/>	NGO (ECOSOC Accred.) <input type="checkbox"/>	19/10/2015
Observer Country <input type="checkbox"/>	Other (Please specify below) <input type="checkbox"/>	From <span style="border: 1px solid black; padding: 2px;">20/10/2015</span>
		Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

Document Language Preference English  French  Other  

Origin of Identity Document	Passport or ID Number	Valid Until
GRC	AI2468747	11 March 2017

Official Telephone No.	Fax No.	Official Occupation
00302103443149	00302103442365	TEACHER SECONDED

Permanent Official Address

AND. PAPANDEOU STR, 151 80 MAROUSSI, ATTIKI

Address in Geneva

MISSION PERMANENTE DE LA GRECE. 4. RUE DU LEMAN

Email Address

des-c4@minedu.gov.gr

**On Issue of ID Card**

Participant Signature

Date

Participant photograph if form is sent in advance of the conference date.

Please PRINT your name on the reverse side of the photograph

PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO. IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO

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**Conference Registration Form** Date **13/10/2015**

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 An additional form is required for spouses.

**Title of the Conference**

115<sup>th</sup> SESSION OF THE HUMAN RIGHTS COMMITTEE

**Delegation/Participant of Country, Organisation or Agency**

GREECE

**Participant**

**Family Name**

**First Name**

Mr.

XINTAROPOULOS

Evangelos

Mrs.

Ms

**Date Of Birth**

17/07/1982

( DD/MM/YYYY)

**Participation Category**

Head of Delegation Members

Observer Organisation

Delegation Member

NGO (ECOSOC Accred.)

Observer Country

Other (Please specify below)

From

19/10/2015

20/10/2015

Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

**Document Language Preference**

English

French

Other

**Origin of Identity Document**

**Passport or ID Number**

**Valid Until**

Hellenic Republic

AK 1391923

15/02/2018

**Official Telephone No.**

**Fax No.**

**Official Occupation**

0030 210 77 67 404

0030 210 77 67 406

Attorney at Law

**Permanent Official Address**

Ministry of Justice, Transparency and Human Rights / 96, Mesogeion ave, 11572 Athens, Greece

**Address in Geneva**

MISSION PERMANENTE DE LA GRECE, 4, RUE DU LEMAN

**Email Address**

exintaropoulos@justice.gov.gr

**On Issue of ID Card**

**Participant Signature**

**Date**

Participant photograph if form is sent in advance of the conference date.

Please PRINT your name on the reverse side of the photograph

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Initials, UN Official



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**Conference Registration Form** Date **13/10/2015**

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 An additional form is required for spouses.

Title of the Conference

115<sup>th</sup> SESSION OF THE HUMAN RIGHTS COMMITTEE

Delegation/Participant of Country, Organisation or Agency

GREECE

Participant

Family Name

First Name

Mr.

PAPPA

EVANGELIA

Mrs.

Ms

Date Of Birth

01/04/1974

(DD/MM/YYYY)

Participation Category

Head of Delegation Members

Observer Organisation

Delegation Member

NGO (ECOSOC Accred.)

Observer Country

Other (Please specify below)

From

19/10/2015

20/10/2015

Until

Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE

Document Language Preference

English

French

Other

Origin of Identity Document

Passport or ID Number

Valid Until

ID

AB852529

Indefinite

Official Telephone No.

Fax No.

Official Occupation

+302132039750

+302132039745

Public Servant

Permanent Official Address

Vassilisis Sofias 135 & Zacharof, Ampelokipi, Athens, 11521

Address in Geneva

MISSION PERMANENTE DE LA GRECE. 4, RUE DU LEMAN

Email Address

ereuna.pappa@ekka.org.gr

**On Issue of ID Card**

Participant Signature

Date

Participant photograph If form is sent in advance of the conference date.

Please PRINT your name on the reverse side of the photograph

PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO, IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO

**Security Use Only**

Card N°. Issued

Initials, UN Official