



MC.INF/11/08
24 November 2008

ENGLISH only

CIRCULAR NOTE No. 7

The Ministry for Foreign Affairs of Finland presents its compliments to the Missions and Delegations accredited to the Organization for Security and Co-operation in Europe, the Mediterranean Partners for Co-operation and the Partners for Co-operation, the International Organizations and the OSCE Secretariat, and has the honour to inform them as follows.

If a Minister of Foreign Affairs heading a delegation is to be accompanied by national security officers, delegations are requested to complete and submit the special accreditation form for security personnel.

Security officers should also be listed in a separate note verbal including information concerning **fire arms and radio frequencies**, detailing:

- type and serial number
- amount of ammunition
- radio equipment used during the visit
- arrival and departure information

Please send the note verbal to

Ms Irina Sirén

Finnish OSCE Chairmanship Task Force

2008 P.O Box 176

FI-00161

Tel: +358 9 160 56658 Fax: + 358 9 56168 E-mail: irina.siren@formin.fi

For more information please refer to the

Department of Diplomatic Security:

Mr Teemu Kruskopf, Chief Inspector

Phone + 358(0)40 500 8322

E-mail: teemu.kruskopf@poliisi.fi

Mr Teemu Isoaho, Super Intendant

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The Ministry for Foreign Affairs of Finland avails itself this opportunity to renew to the Missions and Delegations accredited to the Organization for Security and Co-operation in Europe, the Mediterranean Partners for Co-operation and the Partners for Co-operation, the International Organizations, and the OSCE Secretariat the assurances of its highest consideration.

To: All delegations
Partners for Co-operation
OSCE Secretariat
OSCE Institutions



REGISTRATION FORM FOR SECURITY PERSONNEL

S

Please make sure to fill out all fields using clear capital letters or typing.

DELEGATE DETAILS

Surname

First name

Delegation

Date and place of birth

Nationality

Passport number & date and place of issue

Type of firearm(s)

Serial number(s)

Amount of ammunition

Additional security equipment

TRAVEL DETAILS

Arrival date Time Flight number

Departure date Time Flight number

Other transport, please specify

PLEASE NOTE that your registration form must be accompanied by a passport size face photo in .jpg format.

Date:

Signature:

HOTEL RESERVATION FORM



Surname First name

Hotel options & room types can be seen in a separate hotel listing.
Hotel rooms will be reserved on 'first come, first served' basis.

The organisers reserve the right to place delegations in any of the official hotels according to availability.

Hotel preference

Check-in date Check-out date

Number of nights

Room type

Price per night

Total amount to pay

Special requirements regarding accommodation

PAYMENT

The credit card number will be used as guarantee for the reservation.
The total sum will be charged at the hotel upon check-out.

Credit card: Visa Master Card American Express Diners Club

Card number

Cardholder's name

Expiry date

CVC number (three last digits on the back of your credit card)

CANCELLATION

All cancellations must be made in writing to osce2008@congreszon.fi.

For cancellations received after October 31, 2008
the deposit of one night's room rate will be charged.

Also in case of no-shows one night's room rate will be charged.

Date:

Signature: