

ZANZIBAR INTERNET EXCHNAGE POINT



WORKSHOP REGISTRATION FORM

Workshop Title: Technical Aspects of Setting up, Operation and Administering Internet Exchange Point (IXPs)

Workshop Dates: 24 th July 2018 to 27 th July 2018	Workshop Location: Zanzibar Ocean view Hotel
A. <u>DELEGATE DETAILS</u>	
Delegate First Name:	Delegate Surname:
Organisation/Company: I	Designation:
Postal Address:	
Country/Region: E	
Telephone Code & Number:	
Telephone Code & Number.	ax ivuinoei.
Your Brief Technical Background:	
Brief your Technical Skills and Certificates:	
Dwief warm Tashwigal Day to Day Tagka/A ctivities	n.
Brief your Technical Day to Day Tasks/Activities	
How You are Going To Use These Skills:	
I Would you like to be included in your mailing li	ist \square
	sonnel who are involved in day to day network setup, operation or IXP peering only.
C. CONDITIONS OF REGISTRATION	
This form MUST be completed in full, stamped and return required to bring their own laptop during the event. Return this form to: e-mail: info@zixp.or.tz and copy to	rned to the Zanzibar Internet Exchange Point (ZIXP),. All delegate are : moss@andrc.org
	invalid without a signature and stamp on behalf of institution, or a person in-charge