**For meeting participants applying to a Swiss Embassy/Consulate**

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| --- | --- |
| Tel. direct: +41 22 791 4811  Fax direct: +41 22 791  E-mail : arbogastv@who.int  In reply please  refer to: Type Cluster, Unit, meeting organizer’s surname.  Your reference: | Choose an item.  Type full postal address |
|  | Click here to enter a date. |

The World Health Organization in Geneva presents its compliments to the Choose an item. in Type name of country. and has the honour to inform them that Choose an item. Type name of participant as stated in passport., Type function/title of the participant, place of work etc. **(delete this field if participant has no function/title).** Choose an item. Type name of **city** where currently working or residing., Type name of **country** where currently working or residing., has been invited to attend the Type full title of the meeting. to be held in Geneva, Switzerland, from Click here to enter a date.to Click here to enter a date.*.*

Choose an item. Type surname as stated in passport. from Type name of country as stated in the passport., born on Type date of birth.,is the holder of the passport number Type passport number. issued on Type date passport issued.in Type name of country where passport was issued. and valid until Type passport expiry date..

The World Health Organization would be most grateful, if Choose an item. Type surname as stated in passport. could be provided with a Schengen visa.

The World Health Organization, with anticipated thanks, takes this opportunity to convey to the Choose an item. in Type name of country. the assurance of its highest consideration.

Véronique Arbogast

Human Resources Liaison Services

(HSP/HRS)