Government Officials Registration Form

# Novotel Hotel, Nadi 12-14 October 2017

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| **PERSONAL INFORMATION** | |
| **Name as it appears on your passport** |  |
| **Title (Ms, Mrs, Mr, Dr etc)** |  |
| **Preferred First Name** |  |
| **Family Name/Last Name** |  |
| **Postal Address** |  |
| **Date of Birth  (provide if participation if funded by SPREP)** |  |
| **Passport No ((provide if participation if funded by SPREP)** |  |
| **Passport Expiry Date  (provide if participation if funded by SPREP)** |  |
| **Passport Country of Issuance (provide if participation if funded by SPREP)** |  |
| **Job Title** |  |
| **Organisation/Ministry** |  |
| **Passport Nationality** |  |
| **Phone Number/Mobile** |  |
| **Fax Number** |  |
| [**Email address(s)**](mailto:j.pahalad@bom.gov.au) |  |
| **Dietary Requirements** |  |

(**PLEASE NOTE THAT THE ABOVE INFORMATION IS REQUIRED FOR FLIGHT AND OR CATERING ARRANGEMENTS)**

**Please return completed form with copy of your passport to Sela Simamao** [**selas@sprep.org**](mailto:selas@sprep.org) **and copy Espen Ronneberg on** [**espenr@sprep.org**](mailto:espenr@sprep.org)