Government Officials Registration Form

# Novotel Hotel, Nadi 12-14 October 2017

|  |
| --- |
| **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)** |  |
| **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** **and copy Espen Ronneberg on** **espenr@sprep.org**