**Annex 1**

**Registration Form to attend**

1. Pacific Preparatory meeting for the 5th Meeting of the Conference of the Parties to the Minamata Convention (MC COP-5) on Mercury;
2. Extraordinary meeting of the Conference of the Parties to the Waigani Convention;
3. ISLANDS Pacific Project Consultation Meeting; and
4. The Pacific Preparatory meeting for the 3rd session of the intergovernmental negotiating committee (INC-3).

**12-20 October 2023, Koror, Palau**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***To confirm your attendance at this event please complete and return this form  NO LATER THAN 8 SEPTEMBER 2023  to*** [***anthonyt@sprep.org***](mailto:anthonyt@sprep.org) ***and*** [***joshuas@sprep.org***](mailto:joshuas@sprep.org) ***and*** [***reneek@sprep.org***](mailto:reneek@sprep.org) | | | | | | | | | | | | | | | | | | | | |
| **First Nominee:** | | | | | | | | | | | | | | | | | | | | |
| **Meeting nominated to attend** | Minamata Pre-COP | | Y | | Waigani Ext. Ordinary Meeting | | | Y | | | ISLANDS Pacific Meeting | | | | Y | | Pacific Preparatory INC-3 Meeting | | Y | |
| N | | N | | | N | | N | |
| **Personal Information** | Title (Mr/Mrs/Ms/Dr) |  | | First Name | |  | | | | | | Family Name |  | | | | | | |
| Name to be shown on name badge | | | | | |  | | | | | | | | | | | | | |
| Citizenship |  | | | | Passport No. | | | | | |  | | Date of Birth | | | |  | |
| Gender | Female | | | | Male | | | | | | Other | | | | | | | |
| **Professional Information** | Job Title |  | | | | | | | | | | | | | | | | | |
| Organisation |  | | | | | | | | | | | | | | | | | |
| Department |  | | | | | | | | | | | | | | | | | |
| Office Address |  | | | | | | | | | | | | | | | | | |
| City |  | | | | Post Code | | |  | | | | | | | | | | |
| Country |  | | | | | | | | | | | | | | | | | |
| Email |  | | | | Website | | |  | | | | | | | | | | |
| Office Telephone  (Inc. Country Code) |  | | | | | | | Mobile Telephone  (Inc. Country Code) | | | | | | |  | | | |
| Assistant’s Name |  | | | | | | | Assistant’s email | | | | | | |  | | | |
| **Dietary Requirements** | Please provide details of any special dietary requirements/allergies. Special meals will only be available to those who have requested them. | | | | | | | | |  | | | | | | | | | | |
| **Data Protection** | Once you have provided us with your data, we may retain some of it because, as an event organiser, we are interested in retaining some data to maintain our records and accounts. | | | | | | | | | | | | | | | | | | | |
| We may, on occasion, provide your name and contact details to Government Departments of SPREP member Countries. Please confirm your consent to this information being shared.  Yes, I am happy for my details to be shared  No, I would prefer you didn’t share my details | | | | | | | | | | | | | | | | | | | |
| **Passport biodata** | Please provide a copy of your passport biodata page. | | | | | | | | | | | | | | | | | | | |

**Second Nominee:**

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| **Meeting nominated to attend** | Minamata Pre-COP | | Y | | Waigani Ext. Ordinary Meeting | | | Y | | | ISLANDS Pacific Meeting | | | | Y | | Pacific Preparatory INC-3 Meeting | | Y | |
| N | | N | | | N | | N | |
| **Personal Information** | Title (Mr/Mrs/Ms/Dr) |  | | First Name | |  | | | | | | Family Name |  | | | | | | |
| Name to be shown on name badge | | | | | |  | | | | | | | | | | | | | |
| Citizenship |  | | | | Passport No. | | | | | |  | | Date of Birth | | | |  | |
| Gender | Female | | | | Male | | | | | | Other | | | | | | | |
| **Professional Information** | Job Title |  | | | | | | | | | | | | | | | | | |
| Organisation |  | | | | | | | | | | | | | | | | | |
| Department |  | | | | | | | | | | | | | | | | | |
| Office Address |  | | | | | | | | | | | | | | | | | |
| City |  | | | | Post Code | | |  | | | | | | | | | | |
| Country |  | | | | | | | | | | | | | | | | | |
| Email |  | | | | Website | | |  | | | | | | | | | | |
| Office Telephone  (Inc. Country Code) |  | | | | | | | Mobile Telephone  (Inc. Country Code) | | | | | | |  | | | |
| Assistant’s Name |  | | | | | | | Assistant’s email | | | | | | |  | | | |
| **Dietary Requirements** | Please provide details of any special dietary requirements/allergies. Special meals will only be available to those who have requested them. | | | | | | | | |  | | | | | | | | | | |
| **Data Protection** | Once you have provided us with your data, we may retain some of it because, as an event organiser, we are interested in retaining some data to maintain our records and accounts. | | | | | | | | | | | | | | | | | | | |
| We may, on occasion, provide your name and contact details to Government Departments of SPREP member Countries. Please confirm your consent to this information being shared.  Yes, I am happy for my details to be shared  No, I would prefer you didn’t share my details | | | | | | | | | | | | | | | | | | | |
| **Passport biodata** | Please provide a copy of your passport biodata page. | | | | | | | | | | | | | | | | | | | |

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| **Financial Support to attend** | Flights and DSA’s for only **ONE** nominated participant for each member Country will be provided by the programme. Subject to availability of funding, representation can be increased to two participants from each country. We will contact participants directly regarding any requests for financial support. Country nominated representative to confirm if you are seeking financial support to attend the meetings.  Yes, I am seeking financial support  No, I am not seeking financial support | |
| **Accommodation** | **Please note:** SPREP will not book accommodation for any participant but will provide DSA for ONE representative from each participating country, which will cover accommodation expenses (see above for details on Financial Support). **Bookings should be made directly with your chosen accommodation provider**. Subject to availability of funding, representation can be increased to two participants from each country. | |
| ***Once we receive this registration form, we will send a General Information document for further details about your participation to these meetings, including meeting agenda, venue, visa’s, travel information, etc.*** | | |
| **Confirmation of Nomination** | Name of Nominating Official |  |
| Position |  |
| Signature |  |
| Date |  |

**Thank you for completing the nomination form.**