### Annex 1

## **REGISTRATION FORM**

#### to attend

- 1. The 3<sup>rd</sup> PSC Meeting of the GEF ISLANDS Pacific Project.
- 2. Asia Pacific Sub-Regional Preparatory meeting of Pacific States for the 2025 Meetings of the COP to the BRS Conventions.
- 3. STAC 10 of the Waigani Convention.

**Instructions:** In light of the national arrangements for the Basel/Waigani focal point and the GEF ISLANDS Project focal point, we kindly ask that if these two areas share **the same lead focal point**, please nominate that person only. However, if they have **different focal points**, both can be nominated. Also, since this Basel/Waigani meeting is a preparatory meeting for the BRS Convention meeting in Geneva in April/May 2025, we request that the nominee for these meetings be the same person attending the Geneva meeting.

## 10-14 March 2025, Rarotonga, Cook Islands

## To confirm your attendance at this event please complete and return this form NO LATER THAN <u>18 November 2023</u>

to: joshuas@sprep.org and deans@sprep.org

cc: reneek@sprep.org

#### Form-1: If the Same focal point for GEF ISLANDS Pacific and Basel/Waigani, please fill forms (1) and (3) only and disregard form (2). Are you the GEF Are you the Υ Are you attending the **ISLANDS Focal** Basel/Waigani BRS Convention in Ν Ν Ν Focal Point? Point? April/May 2025? **Personal** Title First Name Family Name (Mr/Mrs/Ms/Dr) Information Name to be shown on name badge Citizenship Passport No. Date of Birth Gender Female □ Male □ Other **Professional** Job Title Information Organisation Department Office Address Post Code City Country

|                         | Email                                                                                                                                                                                                                    |                                                                        | Website     |                                            |  |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------|--------------------------------------------|--|
|                         | Office<br>Telephone<br>(Inc. Country<br>Code)                                                                                                                                                                            |                                                                        |             | Mobile<br>Telephone<br>(Inc. Country Code) |  |
|                         | Assistant's<br>Name                                                                                                                                                                                                      |                                                                        |             | Assistant's<br>email                       |  |
| Dietary<br>Requirements | requirements/alle                                                                                                                                                                                                        | etails of any special of<br>ergies. Special meal<br>ose who have reque | s will only |                                            |  |
| Data Protection         | We may, on occasion, provide your name and contact details to Government Departments of SPREP member Countries to facilitate visa and travel arrangements. 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<br>biodata     | Please provide a copy of your passport biodata page.                                                                                                                                                                     |                                                                        |             |                                            |  |

# To confirm your attendance at this event please complete and return this form NO LATER THAN 18 November 2023

to: joshuas@sprep.org and deans@sprep.org

cc: reneek@sprep.org

| F | or | m- | 2: |
|---|----|----|----|
|   |    |    |    |

If focal points are **different** for GEF ISLANDS Pacific and Basel/Waigani, please fill in this form for the second pominee to attend along with the first pominee

| for the second nominee to attend along with the first nominee. |                         |                                |            |                               |                |                                                                  |   |
|----------------------------------------------------------------|-------------------------|--------------------------------|------------|-------------------------------|----------------|------------------------------------------------------------------|---|
|                                                                | Are you the GEF         | Y<br>N                         |            | Are you the                   | Υ              | Are you attending<br>the BRS<br>Convention in<br>April/May 2025? | Υ |
|                                                                | ISLANDS Focal<br>Point? |                                |            | Basel/Waigani<br>Focal Point? | N              |                                                                  | N |
| Personal<br>Information                                        | Title<br>(Mr/Mrs/Ms/Dr) |                                | First Name |                               | Family<br>Name |                                                                  |   |
|                                                                | Name to be show         | lame to be shown on name badge |            |                               |                |                                                                  |   |
|                                                                | Citizenship             |                                |            | Passport No.                  |                | Date of Birth                                                    |   |
|                                                                | Gender                  | Femal                          | e 🗆        | Male □                        | Other □        |                                                                  |   |
| Professional                                                   | Job Title               |                                |            |                               |                |                                                                  |   |
| Information                                                    | Organisation            |                                |            |                               |                |                                                                  |   |
|                                                                | Department              |                                |            |                               |                |                                                                  |   |
|                                                                | Office Address          |                                |            |                               |                |                                                                  |   |
|                                                                | City                    |                                |            | Post Code                     |                |                                                                  |   |
|                                                                | Country                 |                                |            |                               |                |                                                                  |   |

|                         | Email                                                                                                                                                                                                                    | Website                              |  |  |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|
|                         | Office<br>Telephone<br>(Inc. Country Code)                                                                                                                                                                               | Mobile Telephone (Inc. Country Code) |  |  |
|                         | Assistant's<br>Name                                                                                                                                                                                                      | Assistant's email                    |  |  |
| Dietary<br>Requirements | Please provide details of any speci<br>dietary requirements/allergies.<br>Special meals will only be available<br>to those who have requested then                                                                       |                                      |  |  |
| Data Protection         | We may, on occasion, provide your name and contact details to Government Departments of SPREP member Countries to facilitate visa and travel arrangements. Please confirm your consent to this information being shared. |                                      |  |  |
|                         | ☐ Yes, I am happy for my details to be shared                                                                                                                                                                            |                                      |  |  |
|                         | $\square$ No, I would prefer you didn't share my details                                                                                                                                                                 |                                      |  |  |
| Passport<br>biodata     | Please provide a copy of your passport biodata page.                                                                                                                                                                     |                                      |  |  |

| Form-3:<br>Financia               | al, Accommodation a                                                                                                                                                                                                                              | nd Confirmation of Nomination(s)                                                                                                                                                                                                                                                                                    |  |  |  |  |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Financial<br>Support to<br>attend | 10 Waigani meeting wi<br>participants directly rega                                                                                                                                                                                              | nominated participants to the 3 <sup>rd</sup> ISLANDS PSC Meeting, BRS Prep Meeting and STAC-II be provided. Please read and complete the forms carefully. We will contact arding any requests for financial support. Country nominating official to confirm if ested for representative(s) to attend the meetings. |  |  |  |  |
|                                   | $\square$ Yes, I am seeking financial support $\square$ No, I am not seeking financial support                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
| Accommodation                     | <b>Important note:</b> SPREP will not book accommodation for any participant but will provide DSA for each 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.                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|                                   |                                                                                                                                                                                                                                                  | , we will send a General Information document for further details about your<br>gs, including meeting agenda, venue, visa's, travel information, etc.                                                                                                                                                               |  |  |  |  |
| Confirmation of Nomination        | Name of Nominating<br>Official                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|                                   | Position                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|                                   | Signature                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|                                   | Date                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |  |  |  |  |

Thank you for completing the nomination form