Self-Funded Attendee Registration Form

**Circularity. Innovation. Recovery. Culture. Learning and Environment**

**(CIRCLE EXPO)**

19 – 23 May 2025, Apia, Samoa

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| ***To confirm your attendance at this event please complete and return this form NO LATER THAN 31 January 2025to*** ***pwp@sprep.org*** |
| **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 |  |
| **Individual Requirements** | If you have any particular requirements (e.g., access; medical [such as a fridge for medication, a disposal box for syringes]) please provide details |  |
| **Dietary Requirements** | Please provide details of any special dietary requirements/allergies. Special meals will only be available to those who have requested them. |  |
| **T-Shirt Size (Expo Uniform)** | Please note your t-shirt size. |  |
| **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 |
| **Data Protection (continued)** | We will give access to a Contact List to all participants at the event so that you can keep in contact with people you have met. Please confirm whether you agree to your contact information being shared with the participants at the event.[ ]  Yes, I am happy for my details to be shared [ ]  No, I would prefer you didn’t share my details |
| We take a group photograph of participants, as well as photographs during the event, and share these with participants at the event. These images may also be used for reporting and promotion purposes. Please confirm whether you agree to being identified in the photographs[ ]  Yes, I am happy to be identified in the photograph [ ]  No, I do not want to be identified in the photograph  |
|  |
| **Registration Costs** | Please note that there will be applicable costs for participation in the Expo programme. Further information about the Expo and costs will be provided to you once you confirm your interest by completing this form.Tentative Programme:Day 1: Official Opening, Technical Sessions and Expo DinnerDay 2: Technical SessionsDay 3: Technical Sessions and Movie NightDay 4: Site Visits and Official Closing |
| ***Once we receive this registration form, we will send a General Information document for further details about your participation in this Inception meeting, including meeting agenda, venue, visa’s, travel information, etc.*** |
| **Confirmation of Registration** | Name  |  |
| Signature |  |
| Date |  |

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