ANNEX 1

# NOMINATION FORM

PacWaste Annual Steering Committee Meeting and Integrated Waste Management Workshop

***Location – To be confirmed***

**Week of 19th – 23rd October 2015**

**Nomination**

|  |  |
| --- | --- |
| **Attendee Name (as per Passport)** | **Title (Dr/ Mr/Mrs/Miss/Ms/Other)** |
|  | **First Name:**  |
|  | **Last Name:**  |
| **Position** |  |
| **Address** |  |
| **City** |  |
| **Post Code/Zip** |  |
| **Country** |  |
| **Phone** |  |
| **Fax** |  |
| **Mobile phone** |  |
| **Email**  |  |
| **Passport Number** |  |

**Position of Nominating Official......................................**

**Name.....................................................................**

**Signature.................................................................**

**Official seal or stamp of nominating Department or Agency:**

**Note:** Please return the completed form by email **no later than Friday the 21st of August 2015 to:**

Elizabeth Vanderburg

PacWaste Project Officer

c/o SPREP

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Apia,

Samoa

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