**Annex 1**

**Registration Form to attend**

1. The Pacific Preparatory meeting for the 4th session of the intergovernmental negotiating committee (INC-4).
2. GEF ISLANDS Pacific Project, 2nd Project Steering Committee Meeting.

**12-16 February 2024, Auckland, New Zealand**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***To confirm your attendance at this event please complete and return this form  NO LATER THAN 17 November 2023  to*** [***anthonyt@sprep.org***](mailto:anthonyt@sprep.org)***,*** [***reneek@sprep.org***](mailto:reneek@sprep.org) ***and davinat@sprep.org*** | | | | | | | | | | | | | |
| **INC-4 Nominee: please note that we have funding for only one nominee to the INC-4 Prep Meeting.** | | | | | | | | | | | | | |
| **Meeting nominated to attend** | INC-4 Pacific Prep Meeting | | Y | | Will you be attending the INC-4 in Canada | | | | Y | Are you also the nominee to attend the 2nd ISLANDS PSC Meeting | | | Y |
| 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. | | | | | | | | | | | | |

**ISLANDS PSC Nominee: please note that we have funding for only one nominee to the 2nd PSC Meeting.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Meeting nominated to attend** | 2nd PSC Meeting | | Y | | Are you the ISLANDS Technical focal point | | | | Y | Are you also the nominee to attend the INC-4 Meeting | | | | Y |
| 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. | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Financial Support to attend** | Flights and DSA’s for only **ONE** nominated participant for each member Country will be provided by the programme. One nominee to the INC-4 Prep Meeting. One nominee to the 2nd ISLANDS PSC Meeting. 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). One rep to the INC-4 Prep Meeting. One rep to the 2nd ISLANDS PSC Meeting. **Bookings should be made directly with your chosen accommodation provider**. | |
| ***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.**