**ANNEX 2: REGISTRATION FORM**

|  |
| --- |
| **Information about the Participant** |
| NOTE>>> To be completed by the Participant attending the meeting. The applicants are required to fill in “Every Item”. |

**1. Information about participant**

**1) Name (as in the passport)**

**Family Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**First Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Middle Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2) Age** |  | | |
| **3) Sex** | ( ) Male | ( ) Female | ( ) Prefer not to say |

**4) Travel details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nationality |  | | | |
| City of Departure |  | | | |
| City to Return  (City to return to after the meeting) |  | | | |
| Passport Number |  | | | |
| Passport Expiry Date | Date | | Month | Year |
|  | |  |  |
| Date of Birth | Date | | Month | Year |
|  | |  |  |
| Copy of Passport attached  (Tick if attached) | | | |  |
| Please outline any dietary requirements or food restrictions you may have: | |  | | |

**5) Travel-related Documents: Please specify current/valid visa (if any) or visa requirements from your country to Samoa**

|  |
| --- |
|  |

**6) Present Position and Current Duties**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organization |  | | | | | | |
| Department /  Division |  | | | | | | |
| Present Position |  | | | | | | |
| Date of employment by the present  organization | Date | Month | Year | Date of assignment to the present  position | Date | Month | Year |
|  |  |  |  |  |  |

**7) Contact Information**

|  |  |  |
| --- | --- | --- |
| Office | Address: | |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |
| Home | Address: | |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |

**Please attach a Scanned Copy of your Passport with this form.**

**Send completed form (with scanned copy of passport) to the SWAP Project Technical Assistant, Memoree Imo via** [**memoreei@sprep.org**](mailto:memoreei@sprep.org)

***Note:*** *SWAP through SPREP will bear the costs of the airfare (most direct/economical route) and DSA only for the duration of the meeting. All other travel related costs are to be borne by the participants/nominating governments (this includes but is not limited to passport, visas, travel/medical insurance (including COVID-related medicals), pre-entry and upon-entry requirements by the host country****). Travel Tickets once approved/ issued are non-transferrable and any changes will be borne by the nominating government****.*