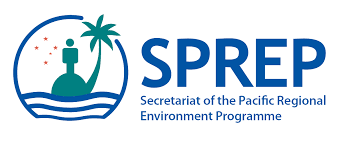
****

**SUB-REGIONAL WORKSHOP ON ACCESS AND BENEFIT SHARING**

**CAPACITY BUILDING ON THE USE OF ABS CLEARING HOUSE, MONITORING & REPORTING ON THE UTILISATION OF GENETIC RESOURCES UNDER THE NAGOYA PROTOCOL.**

**Tanoa International Hotel, 7-10 October 2019**

**NOMINATION FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** |  | | | | | | |
| **PREFERRED TITLE** | *Dr* | *Mr* | | *Mrs* | | *Ms* | *others* |
| **ORGANISATION OR AGENCY** |  | | | | | | |
| **CONTACT NUMBER** | *Office* | | Click or tap here to enter text. | | *Mobile* | | Click or tap here to enter text. |
| **EMAIL ADDRESS** | Click or tap here to enter text. | | | | | | |
| **JOB DESIGNATION** | Click or tap here to enter text. | | | | | | |
| **COUNTRY** | Choose an item. | | | | | | |
| **CITY OF DEPARTURE** | Click or tap here to enter text. | | | | | | |
| **PASSPORT NUMBER** | Click or tap here to enter text. | | | | | | |
| **ANY HEALTH, DIETARY OR SPECIAL NEEDS** | Click or tap here to enter text. | | | | | | |
| **PLEASE ATTACH A COPY OF THE PASSPORT** | **ATTACHED** | | | | | | |

**ENDORSEMENT**

**I wish to confirm in my capacity as the National Focal Point for Nagoya Protocol / CBD National Focal Point that the above officer has been nominated to attend the CAPACITY BUILDING ON THE USE OF ABS CLEARING HOUSE, MONITORING & REPORTING ON THE UTILISATION OF GENETIC RESOURCES UNDER THE NAGOYA PROTOCOL.**

**………………………………………………………………..**

**Name and signature**

**Please complete this form and email it to** [**absproject@sprep.org**](mailto:absproject@sprep.org) **before 30 August 2019. Please attach a copy of your passport with the nomination form.**