Registration Form to attend

**Annual PacWastePlus Steering Committee Meeting**

10-13 February 2020

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***To confirm your attendance at this event please complete and return this form  NO LATER THAN 06 January 2020  to*** [***crystals@sprep.org***](mailto:crystals@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. | | | |  | | | | | |
| **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 | | | | | | | | | |

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| **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 | | |
| **Financial Support to attend** | Flights and DSA’s for ONE participant for each PacWaste Plus member Country (usually the Primary Steering Committee Member) will be provided by the project. We will contact participants directly regarding any requests for financial support. Please confirm if you are seeking financial support to attend the inception meeting.  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). **Bookings should be made directly with your chosen accommodation provider**.  **Please Note:** SPREP will not arrange accommodation for meeting participants. It is advised that each participant secure accommodation as soon as possible. | | |
| ***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 Nomination** | | Name of Nominating Official |  |
| Position |  |
| Signature |  |
| Date |  |

Registration Form to attend

**POLP Inception Meeting**

14 February 2020

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***To confirm your attendance at this event please complete and return this form  NO LATER THAN 06 January 2020  to*** [***marks.ext@sprep.org***](mailto:marks.ext@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 | | | |  | | | | | |
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| --- | --- | --- | --- |
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| **Confirmation of Nomination** | | Name of Nominating Official |  |
| Position |  |
| Signature |  |
| Date |  |