# NOMINATION FORM

**Representative to the**

**AFD Sustainable Waste Actions in the Pacific (SWAP) Project Steering Committee**

|  |  |  |
| --- | --- | --- |
| Representative Name  Main  Alternate | First Name: | Last Name: |
| Title (Dr/ Mr/Mrs/Ms/Other) |  | |
| Position |  | |
| Office name |  | |
| Office Address |  | |
| Country |  | |
| Phone |  | |
| FAX |  | |
| Mobile phone |  | |
| E-Mail |  | |

Endorsement:

Position of Approving Official......................................

Name.....................................................................

Signature.................................................................

Please attach official seal or stamp of approving Department or Agency and return the completed form by email not later than 15th January 2020 to:

Mrs. Ma. Bella Guinto

Solid Waste Management Adviser, SPREP

Email: [bellag@sprep.org](mailto:bellag@sprep.org)

Cc : [wasteteam@sprep.org](mailto:wasteteam@sprep.org)