# 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

Cc : wasteteam@sprep.org