****

**REGIONAL WORKSHOP ON ACCESS AND BENEFIT SHARING**

**Pacific Regional Workshop on Developing Interim and Long-term Measures for ABS implementation, 15 - 17 April 2020, Noumea New Caledonia**

**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 to** **ofak@sprep.org** **before 9 March 2020. Please attach a copy of your passport with the nomination form.**