**ANNEX 2: REGISTRATION FORM**

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| --- |
| **Information about the Participant** |
| NOTE>>> To be completed by the Participant attending the meeting. The applicants are required to fill in “Every Item”. |

**1. Information about participant**

**1) Name (as in the passport)**

**Family Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**First Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Middle Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **2) Age** |  |
| **3) Sex** | ( ) Male | ( ) Female | ( ) Prefer not to say |

**4) Travel details**

|  |  |
| --- | --- |
| Nationality  |  |
| City of Departure |  |
| City to Return (City to return to after the meeting) |  |
| Passport Number |  |
| Passport Expiry Date | Date | Month | Year |
|  |  |  |
| Date of Birth | Date | Month | Year |
|  |  |  |
| Copy of Passport attached (Tick if attached) |  |
| Please outline any dietary requirements or food restrictions you may have: |  |

**5) Travel-related Documents: Please specify current/valid visa (if any) or visa requirements from your country to Solomon Islands (including transit countries).**

|  |
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|  |

**6) Additional Travel Information: Please provide any additional information or comments, including on possible requests for personal deviations, if necessary**

|  |
| --- |
|  |

**7) Present Position and Current Duties**

|  |  |
| --- | --- |
| Organization |  |
| Department / Division |  |
| Present Position |  |
| Date of employment by the present organization | Date | Month | Year | Date of assignment to the present position | Date | Month | Year |
|  |  |  |  |  |  |

**8) Outline of duties: Describe your current duties**

|  |
| --- |
|  |

**9) Contact Information**

|  |  |
| --- | --- |
| Office | Address: |
| TEL: | Mobile (Cell Phone):  |
| FAX: | E-mail: |
| Home | Address: |
| TEL: | Mobile (Cell Phone):  |
| FAX: | E-mail: |

*I hereby confirm that my official travel itinerary will be arranged, in accordance with the SPREP Travel Policy, through the most economical routing and class of service, with arrival in the event city one day before the planned meetings and departure from the event city one day after the planned meetings. I also confirm that, in case I require any personal deviations in relation to the originally proposed itinerary (including but not limited to those relating to origin city, return city, flight dates, flight times, air company, among others), I will already have such requests specified in advance in the comment box on this form (Question 6) and shall stand ready to cover from my personal means any potential difference in costs arising from such personal deviations.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |
| Name: |  |

**Please** **attach a Scanned Copy of your Passport with this form.**

**Send completed form (with scanned copy of passport) to the SWAP Project Technical Assistant, Tooa Brown via tooab@sprep.org.**