**ANNEX 1: NOMINATION FORM**

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| **Official Nomination** |
| **Please complete this nomination forms attached and submit to SPREP (email:** **lagir@sprep.org) by no later than Wednesday 1st March 2023** |

**1. Country/Territory:**

|  |
| --- |
|  |

**2. Name of Organization:**

|  |
| --- |
|  |

**3. Full Name of the Nominee:**

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| --- |
|  |
| **4. Email Address** |
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**---------------------------------------------------------------------------------------------------------------------------------------**

Our organization hereby nominates the above qualified nominee to attend on our behalf at the Inception Workshop

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |
| Name: |  |
| Designation / Position |  | Official Stamp |
| Department / Division |  |
| Office Address and Contact Information | Address: |
| Telephone: | Fax: | E-mail: |
|  |