**NOMINATION REGISTRATION FORM: Pacific Regional Dialogue on the “IPCC- Sixth Assessment Cycle (AR6) Synthesis Report (SYR) & Strengthening Pacific Engagement in the IPCC Assessment Reporting Cycles and Research”**

**13 to 14 April 2023.**

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| **1. General information** | |
| **First/given name**  *Enter your first/given name exactly as listed in your passport*  Click or tap here to enter text. | **Last/family name**  *Enter your last/family name exactly as listed in your passport*  Click or tap here to enter text. |
| **Prefix**  *Enter your title (Mr, Ms, Dr, A/Prof, Prof, etc)*  Choose an item. | **Date of birth**  Click or tap to enter a date. |
| **Permanent address**  Click or tap here to enter text. | |
| **Telephone number (home)**  *Please include the country prefix.*  Click or tap here to enter text. | |
| **Email address**  Click or tap here to enter text. | |
| **2. Information about your Country and Organization**  *Information regarding the organization you are representing.* | |
| **Country Organization name** *The full name of your Country/organization, address and contact.*  Click or tap here to enter text. | |
| **To help expedite travel arrangements, nominees are requested to also provide:**  i. Copy of passport biodata page and visa where applicable; and | |

*All information in this form is required for your registration to be processed in advance and for our logistics team to communicate with you to ensure your smooth travels.*

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| **Functional title**  *The designation/position assigned to you by your organization.*  Click or tap here to enter text. | | |
| **Do you require Visa to enter Fiji?**  *Ascertaining the required visas is the responsibility of the nominee* | | |
| **4. Medical Information** | | |
| **Pre-existing medical conditions:** | | |
| **Vaccination Status** (please attach vaccination card or certificate): | | |
| **5. Emergency contact**  *Information regarding the person who should be contacted in case of emergencies.* | | |
| **First/given name**  Click or tap here to enter text. | **Last/family name**  Click or tap here to enter text. | **Telephone number**  Click or tap here to enter text. |

***Note:*** *SPREP will bear the costs of the airfare (most direct/economical route) and DSA only for the duration of the meeting. All other related costs are to be borne by the participants/nominating governments (this includes but is not limited to passport, visas, travel/medical insurance (including COVID-related medicals), pre-entry and upon-entry requirements by the host country).*

**Please email the completed form AND A COPY OF YOUR PASSPORT (Bio-page) to Ms Yvette Kerslake (**[yvettek@sprep.org](mailto:yvettek@sprep.org) **) and copy Ms Foini Fesolai (**[foinijanceyf@sprep.org](mailto:foinijanceyf@sprep.org) **) and Ms Emma Arasi (**[**emmaa@sprep.org**](mailto:emmaa@sprep.org) **) by the 8th March 2023.**

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Nominees signature Focal Point Signature