**ANNEX 1: NOMINATION FORM**

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| **Official Nomination** |
| **Please complete this nomination forms attached and submit to SPREP (email:** **lagir@sprep.org) no later than Friday 21st April 2023** |

**1. Country**

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**2. Name of Organisation:**

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**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

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