**NOMINATION REGISTRATION FORM:**

**Joint Regional Workshop on Data Management and GIS**

***23 – 26 June 2025***

*\*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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| **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. |
| **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 (office 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 | |
| **Port of Origin:**  Click or tap here to enter text. | |

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| **Designated title**  *The designation/position assigned to you by your organization.*  Click or tap here to enter text. | | |
| **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.* | | |
| **Relationship to:**  Click or tap here to enter text. | | |
| **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. Lagi Reupena (**[**lagir@sprep.org**](mailto:lagir@sprep.org)**) and Mr Rafael Tavita (**[**rafaelt@sprep.org**](mailto:rafaelt@sprep.org) **)**

Approved By Focal Point (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Focal Point Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_