**Annex 1**

**REGISTRATION FORM**

to attend

1. Pacific Small Island Developing States (PSIDS) - Preparations for the resumed Session of the Fifth Intergovernmental Negotiating Committee (INC-5.2) to develop an international legally binding instrument on plastic pollution; and
2. First Project Steering Committee (PSP) Meeting of the SWAP2 Project.

**Instructions for Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu:** In light of the national arrangements for the INC focal point and the SWAP2 Project focal point, we kindly ask that if these two areas share the same lead focal point, please nominate that person only. However, if they have different focal points, both can be nominated. Also, since this INC meeting is a preparatory meeting for the INC-5.2 meeting in Geneva in August 2025, we request that the nominee for these meetings be the same person attending the Geneva meeting.

7-11 July 2025, Apia, Samoa

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***To confirm your attendance at this event please complete and return this form  NO LATER THAN 21 May 2025  to*** [***mohammedz@sprep.org***](mailto:mohammedz@sprep.org) ***and*** [***juliep@sprep.org***](mailto:juliep@sprep.org)  ***cc:*** [***memoreei@sprep.org***](mailto:memoreei@sprep.org) | | | | | | | | | |
| **Form-1:**  **For the delegate from Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu, French Polynesia and Wallis and Futuna**  **For Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu, if the same focal point for SWAP2 Project and INC, or if first nominee,**  **please fill in forms (1) and (3) only and disregard form (2).** | | | | | | | | | |
|  | Are you the SWAP2 Focal Point? | Y | Are you the INC Focal Point? | Y | | Are you attending the INC5.2 Meeting in August 2025? | | Y | |
| N | N | | N | |
| **Personal Information** | Title (Mr/Mrs/Ms/Dr) |  | First Name |  | | Family Name | |  | |
| Name to be shown on name badge | | |  | | | | | |
| Citizenship |  | | Passport No. | |  | Date of Birth | |  |
| Gender | Female | | Male | | Other | | | |
| **Professional Information** | Job Title |  | | | | | | | |
| Organisation |  | | | | | | | |
| Department |  | | | | | | | |
| Office Address |  | | | | | | | |
| City |  | | Post Code |  | | | | |
| Country / Territory |  | | | | | | | |
| Email |  | | Website |  | | | | |
| Office Telephone  (Inc. Country/Territory Code) |  | | | Mobile Telephone  (Inc. Country/Territory Code) | | |  | |
| Assistant’s Name |  | | | Assistant’s email | | |  | |
| **Dietary Requirements** | Please provide details of any special dietary requirements/allergies. Special meals will only be available to those who have requested them. | | | |  | | | | |
| **Data Protection** | We may, on occasion, provide your name and contact details to Government Departments of SPREP member Countries to facilitate visa and travel arrangements. Please confirm your consent to this information being shared.  Yes, I am happy for my details to be shared  No, I would prefer you didn’t share my details | | | | | | | | |
| **Passport biodata** | Please provide a copy of your passport biodata page. | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***To confirm your attendance at this event please complete and return this form  NO LATER THAN 21 May 2025  to*** [***mohammedz@sprep.org***](mailto:mohammedz@sprep.org) ***and*** [***juliep@sprep.org***](mailto:juliep@sprep.org)  ***cc:*** [***memoreei@sprep.org***](mailto:memoreei@sprep.org) | | | | | | | | | |
| **Form-2:**  **For Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu, if focal point is different for SWAP2 Project and INC, please fill in this form for the second nominee to attend along with the first nominee.** | | | | | | | | | |
|  | Are you the SWAP2 Focal Point? | Y | Are you the INC Focal Point? | Y | | Are you attending the INC5.2 Meeting in August 2025? | | Y | |
| N | N | | N | |
| **Personal Information** | Title (Mr/Mrs/Ms/Dr) |  | First Name |  | | Family Name | |  | |
| Name to be shown on name badge | | |  | | | | | |
| Citizenship |  | | Passport No. | |  | Date of Birth | |  |
| Gender | Female | | Male | | Other | | | |
| **Professional Information** | Job Title |  | | | | | | | |
| Organisation |  | | | | | | | |
| Department |  | | | | | | | |
| Office Address |  | | | | | | | |
| City |  | | Post Code |  | | | | |
| Country / Territory |  | | | | | | | |
| Email |  | | Website |  | | | | |
| Office Telephone  (Inc. Country/Territory Code) |  | | | Mobile Telephone  (Inc. Country/Territory Code) | | |  | |
| Assistant’s Name |  | | | Assistant’s email | | |  | |
| **Dietary Requirements** | Please provide details of any special dietary requirements/allergies. Special meals will only be available to those who have requested them. | | | |  | | | | |
| **Data Protection** | We may, on occasion, provide your name and contact details to Government Departments of SPREP member Countries to facilitate visa and travel arrangements. Please confirm your consent to this information being shared.  Yes, I am happy for my details to be shared  No, I would prefer you didn’t share my details | | | | | | | | |
| **Passport biodata** | Please provide a copy of your passport biodata page. | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| ***To confirm your attendance at this event please complete and return this form  NO LATER THAN 21 May 2025  to*** [***mohammedz@sprep.org***](mailto:mohammedz@sprep.org) ***and*** [***juliep@sprep.org***](mailto:juliep@sprep.org)  ***cc:*** [***memoreei@sprep.org***](mailto:memoreei@sprep.org) | | |
| **Form-3:**  **Financial, Accommodation and Confirmation of Nomination(s)** | | |
| **Financial Support to attend** | Flights and DSA’s for the nominated participants to the 1st SWAP2 PSC Meeting and INC Meeting will be provided. Please read and complete the forms carefully. We will contact participants directly regarding any requests for financial support. Country and Territory nominating official to confirm if financial support is requested for representative(s) to attend the meetings.  Yes, I am seeking financial support  No, I am not seeking financial support | |
| **Accommodation** | **Important note**: SPREP will not book accommodation for any participant but will provide DSA for each representative from each participating country, which will cover accommodation expenses (see above for details on Financial Support).  **Bookings should be made directly with your chosen accommodation provider.** | |
| ***Once we receive this registration form, we will send a General Information document for further details about your participation to these meetings, including meeting agenda, venue, visa’s, travel information, etc.*** | | |
| **Confirmation of Nomination** | Name of Nominating Official |  |
| Position |  |
| Signature |  |
| Date |  |

**Thank you for completing the registration form**