

ANNEX 2

PARTICIPANT NOMINATION FORM

Title	The Pacific One Health Emergency Preparedness & Response Plan to Avian Influenzae (HPAI)
Venue	Nadi, FIJI (venue to be confirmed)
Date	13-17 October 2025
Participants	One Health representatives for countries; Federated States of Micronesia, Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu
Organizers & Funders	SPC One Health Team, Suva

PART 1:	To be completed by or on behalf of Governments – Administrations and/on Organisations – A country representative from each of the sectors (Environment, Agriculture, Public Health)
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Name & title/designation of Manager: (*endorsing nomination*)

Name & Designation: _____

Approval & Signature: _____

Date: _____

Name of Department – Ministry – Organisation:

Address: _____

Phone No. _____ Email: _____

Name & title of Representative/Participant attending the workshop

Name: _____

Title/Designation: _____

Address: (if different from above) _____

Email: _____

PART 2: To be completed by Representative/Participant

Personal Details: [A copy of your passport bio-data page is required for airline booking, please send e-copy]

Full name on passport _____

Country _____

Gender: _____ Date of birth: _____

Phone no. _____ Email: _____

Passport Number: _____ Expiry date: _____

Person to contact in case of any emergency (please give full details: name, phone no., email)

Please send the completed Nomination form to the SPC One Health Secretariat
by 30 August 2025

Dr. Eric Rafi (ericr@spc.int)

Dr Chaminda Dissanayake (chamindad@spc.int)

Ms Sandhya (sandhyad@spc.int)