PART 1: **To be completed by or on behalf of Governments-Administrations and/or Organizations - A Country representative from each of the sectors (Environment, Agriculture, Public Health).**

Name & Title of Manager

Name:	**Title/Designation:**
Approval & Signature:	**Date:**

Department-Ministry-Organization

Name:	**Address:**
Phone No.:	**E-mail:**

Name & Title of Representative attending the Workshop/Training

Name:	**Title/Designation:**
Address (if different from above):	**Email:**

Attendance in Meetings

Meeting:	**Attendance:**
1) **Nature for Health (N4H) Pacific Scoping Workshop (28-29th September)**	**Yes / No**
2) **2nd Quadripartite Pacific One Health Workshop (30th September-2nd October)**	**Yes / No**

PART 2: To be completed by Representative/Staff

It is a requirement that copies of the bio-data pages of your passport be submitted together with this form

Personal Details:		**Gender:**
Phone No. or Mobile:	**Fax No.:**	**Age:**
Date of Birth:	**Name to appear on Name Tag:**	
Person to contact in case of any Emergency: PLEASE give full details - name, phone and e-mail.		
Please email your completed form to the stated email address as soon as possible.		