





NOMINATION FORM

Meeting Title:	ture Pol	icy F	Planners Workshop			
Venue:	' enue: Holiday Inn, Suva, Fiji					
Date:	22 – 25 September 2015					
Organiser:	·					
_				-		
PART 1: To be co	empleted by or on b	ehalf o	f Go	vernment	s- Adn	ninistrations and/or Organisations
Name & Title of Super	viser <mark>(form should be</mark>	e endors	ed b	<mark>y Supervise</mark>	r)	
Name			Title/Designation			
Approval & Signature				Date		
Department-Ministry-		_				
Name of Department-Ministry-Organisation			Address			
Phone No. Fax No		•			E-mail	
Name & Title of Repr	esentative or Meetin	ng Partic	_		:	
Name			Title/Designation			
Address O Contact			\			E mad
Address & Contact details (if different from above)			/e)			E-mail
PART 2: To be complet	ed by the Participant	į				
Full Name of Representative/Workshop Trainee			!	Personal Details		
				It is a requirement that copies of the bio-data pages of your passport be submitted together with this form.		
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Phone No. or Mobile: Fax No			E-m		il	
Person to contact in case of any Emergency:				PLEASE: g	ive full	details- name, phone, fax and e-mail:
		-				
Special dietary requirements (if any)				Name to appear on Name Tag:		