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| MEETING REGISTRATION FORM | | |
| USAID Sustainable Coral Triangle  Kick Off Meeting  Manado, Indonesia  April 29-30, 2024 | **FUNDED BY:**  **USAID-SCT \_\_\_\***  **Self-funded\_\_\_**  **Other \_\_\_\_**  \* Please be advised that the organizers are committed to providing support for relevant expenses incurred by CT6 Member Country as indicated “Attachment 3”. | |
| 1. **Family Name** | **2. First and Middle Names** | |
| **3. Position/Title** | **4. Gender (Male or Female)** | **5. Citizenship (Country)** |
| **6. Organization** | **7. Arrival Date** | **8. Departure Date** |
| **9. Point of Origin** | **10. Departure Flight and Time** |
| **11. Address** | **12. Passport Number** | **13. Passport Country of Issue** |
| **14. Dietary Restrictions (vegetarian, halal, other)** | |
| **15. Email** | **16. Telephone Numbers *(include country code)*** | |
| **ROLE in the Meeting:**  **\_\_\_ National Coordinating Committee**  **\_\_\_ Chair of Technical Working Groups**  **\_\_\_ Chair of MEWG**  **\_\_\_ Chair of WLF**  **\_\_\_ USAID Official**  **\_\_\_ CTI/CFF Regional Secretariat**  **\_\_\_ SUFIA Project Implementing Partners**  **\_\_\_ Chair of University Partnership**  **\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **HOTEL ROOM REQUEST:**  **\_\_ Smoking \_\_\_ Single**  **\_\_ Non-Smoking \_\_\_ Double**  **Other request:** | |
| **Please return this form with the scanned copy of your Passport to:**  [**regional.secretariat@cticff.org**](mailto:regional.secretariat@cticff.org) **cc to** [**anjum.islam@cticff-sct.org**](mailto:anjum.islam@cticff-sct.org) **and stephanie.mapaliey@cticff-sct.org**  **on or before 2 April 2024** | | |