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| **HOW TO APPLY FOR FINANCIAL SUPPORT** APPLICATION DEADLINE: **as soon as possible, but no later 30 October 2019,** send it to the secretariat at [public.participation@un.org](mailto:public.participation@un.org) | |
| **Please check the box indicating the following meetings you plan to attend:**  **Seventh meeting of the of the Working Group of the Parties to the Protocol on PRTRs (28-29 November 2019), Geneva, Palais des Nations, Salle XII**  **Please read the following guidelines attentively for completing your financial support request:** | |
| 1. | Please fill out the financial support request form below, and make sure you obtain the **authorizing signature from the authorizing official (e.g. Minister, Chair or other head of organization)**.**Applications without the signature of the authorizing official will not be accepted.**  **Kindly note that your request for financial support will be considered after you register online through the following link:**  <https://uncdb.unece.org/app/ext/meeting-registration?id=M6MCX5>  Please indicate in the financial support request form and the online registration form **the same operational email address** which can be used to provide the necessary information regarding the participation. |
| 2. | Kindly allow two to three weeks for the secretariat to be in touch with you to confirm whether your request for financial support has been accepted. |
|  | ***NB. Do not purchase your ticket without prior written authorization from UNECE.*** |

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| financial support request form | | | | | | | |
| I hereby request financial support for the participation of the expert mentioned below to the following Aarhus Convention meeting:  **Seventh meeting of the of the Working Group of the Parties to the Protocol on PRTRs (28-29 November 2019), Geneva, Palais des Nations, Salle XII** | | | | | |
| *AUTHORIZING OFFICIAL (e.g. Minister, Chair, other Head of organization):* | | | | | |
| Family name (Mr / Ms) : |  | | First name: | |  |
| Professional title: |  | | | | |
| Organization: |  | | | | |
| Date of signature: |  | Signature and Stamp: | |  | |

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| PARTICIPANT: PERSONAL INFORMATION | | | | | | |
| Family name (Mr / Ms): | |  | | First name: | |  |
| Birth date (dd/mm/yy) | |  | | Nationality: | |  |
| City / country of birth: | |  | | | | |
| Passport / ID number | |  | | | | |
| PARTICIPANT: Proffessional INFORMATION | | | | | | |
| Professional title: |  | | | | | |
| Organization name: |  | | | | | |
| Business address /  P.O. Box: |  | | | | | |
| Postal code: |  | | City: | |  | |
| Country: |  | | | | | |
| Telephone number(s): |  | | | | | |
| E-mail address(es): |  | | | | | |