

ESCAP/WMO TYPHOON COMMITTEE

11th Integrated Workshop

"Improving Typhoon impact-based forecasting and warning"

24-28 October 2016

Cebu, the Philippines

NOMINATION FORM FOR PARTICIPANTS

(Please type or print)

IMPORTANT: Please submit the duly completed form by **31 August 2016** directly to Typhoon Committee Secretariat, Avenida 5 de Outubro, Coloane, Macao, China, E-mail: info@typhooncommittee.org, Fax No. +853 88010530.

1. Nominee:
Dr./Mr./Mrs./Ms. _____
First Name Middle Name Last Name
2. Present position: _____
3. Country: _____
4. Agency/Organization: _____
5. Mailing address: _____
(Office) _____
6. Fax number _____ E-mail: _____
5. Tel. number: Office _____ Home/mobile: _____
7. Nationality: _____
8. Academic degrees: _____
9. Brief description of relevant professional experience, including dates:

9. Please stated your funding support: ☐ TCTF ☐ SELF FUNDED

Name (in block letters) and
position of nominating government official

Signature

Date