

Annex II

ESCAP/WMO TYPHOON COMMITTEE 14th Integrated Workshop "The Smart Service for Typhoon Related Disaster Risk Reduction" 4-7 November 2019 Tumon, Guam USA

NOMINATION FORM FOR PARTICIPANTS

(Please type or print)

<u>IMPORTANT</u>: Please submit the duly completed form by 04 October 2019 directly to Typhoon Committee Secretariat, Avenida 5 de Outubro, Coloane, Macao, China, E-mail: info@typhooncommittee.org, denise@typhooncommitte.org.

1. Nominee: Dr./Mr./Mrs./Ms.			
2.1,	First Name	Middle Na	me Last Name
2. Present position:			
3. Country:			
4. Agency/Organization:			
5. Mailing address:			
(Office)			
6. Fax number	E-mail:		
5. Tel. number: Offic	e	Home/mobile :	
7. Nationality:		_	
8. Academic degrees:			
9. Brief description of relev	ant professional experien	ce, including dates:	
9. Please stated your fundi	ng support: TCTF	SELF FUNDED	HRFCO (Lao PDR and Philippines only)
Name (in block l position of nominating g		S	ignature