**Annex B to SWPHC CL 02/2018**

**South West Pacific Hydrographic Commission**

Secretariat: Australian Hydrographic Office   
Address: 8 Station St Wollongong NSW 2500, Australia Telephone: +61 2 4223 6672

Facsimile: +61 2 4223 6599

Email: [international.relations@hydro.gov.au](mailto:international.relations@hydro.gov.au)

**16th Meeting of the South West Pacific Hydrographic Commission (SWPHC16) &**

**Technical Workshop on Disaster Response Planning and Data Discovery**

**Niue – 11-15 February 2019**

**Registration Form**

This form is to be completed electronically (ie. filling in the blank spaces and check boxes). If you are unable to sign electronically, print out the completed form and sign, then forward scanned copy of registration form via email to the SWPHC Secretariat ([international.relations@hydro.gov.au](mailto:international.relations@hydro.gov.au)) **AND** SWPHC CB Coordinator ([dfrost@linz.govt.nz](mailto:dfrost@linz.govt.nz)) **by 30 November 2018.**

**Note:** **If your attendance is being sponsored by the IHO Capacity Building (CB) Fund you do not need to complete this Registration Form. This would be arranged by the SWPHC CB Coordinator and you would have been informed accordingly.**

|  |  |
| --- | --- |
| Member State / Organization: | / |

**1. Contact Details:**

|  |  |
| --- | --- |
| Head or Member of delegation? |  |
| Rank or Title (Mr/Mrs/Capt etc): |  |
| Family Name: |  |
| Given Name: |  |
| Preferred Name: |  |
| Position/Job Title/Role: |  |
| Telephone: |  |
| Email |  |
| Special Dietary Requirements? |  |

**2. Participation:**

Please indicate if you would like to attend the Technical Workshop as well as the Meeting:

Yes No

|  |  |  |
| --- | --- | --- |
| Technical Workshop (11-12 February 2019) |  |  |
| 16th SWPHC Meeting (13-15 February 2019) |  |  |

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**3. Travel Details:** (For administrative purpose only). Participants are expected to make their own travel arrangements.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your arrival in Niue** | | **Your departure from Niue** | |
| Date: |  | Date: |  |
| Flight Number/Airline: |  | Flight Number/Airline: |  |
| Arrival Time: |  | Departure Time: |  |

**4. Accommodation Information:** (For administrative purpose only). Participants are expected to make their own accommodation arrangements.

**Note:** If accommodation booking has not been done by the date registration form is submitted, this information can be provided later.

Hotel booking has been made at: (Refer to CL 02/2018)

Scenic Matavai Resort  Other  (supply name of hotel):

**Applicant’s Signature:**       **Date:**