## This form must be returned to the CBD Secretariat before <u>Wednesday, 9 January 2002</u> Please return by fax to <u>+1 514 288-6588</u>

### Details of participant nominated for the UNEP-GEF African regional workshop on biosafety:

Family Name:	First Name:
Title (Mr / Ms / Dr / etc.):	Sex:
Job title:	Employer:
Address for correspondence:	
Telephone number (business hours):	Telephone number (after hours):
Facsimile number:	E-mail address:

#### To be completed by the CBD National Focal Point:

Nominated by Government of:

# I confirm that the above participant is attending the UNEP-GEF African regional Yes workshop on biosafety and will also attend the one-day training session on the Biosafety Clearing-House.

Name of CBD/ICCP National Focal Point:

Signature of Focal Point: \_\_\_\_\_ Date: \_\_\_\_\_

#### Please return completed form to:

Secretariat of the Convention on Biological Diversity World Trade Center 393 Saint-Jacques Street, Suite 300 Montreal, Quebec, H2Y-1N9, Canada

Facsimile: + 1 (514) 288-6588 Telephone: + 1 (514) 288-2220 E-mail: secretariat@biodiv.org