Annex A – Personal Information Form

Eighth meeting of the Ad Hoc Open-ended Working Group on Access and Benefit-sharing (WGABS-8)
9 - 15 November 2009, Montreal, Canada

PERSONAL IINFORMATION FORM TO BE ATTACHED TO THE NOMINATION LETTERS (PLEASE PRINT)

Note. Due to the large number of nominations involved, the Secretariat will not be able to acknowledge receipt for each nomination received. Pre-registered participants will only be contacted in cases where further information is required.

Delegate Details:

Title : ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof. ☐ Amb.

Family Name: _____

First Name: _____

Function: _____

Have you attended CBD meeting(s) before? ☐ Yes ☐ No

Are you the Head of Delegation? If yes, please check box ☐

Are you an official delegate of : ☐ a **Government** or ☐ an **Organization**

Name of Government or Organization: _____

Ministry/Department/Agency: _____

Type of Organization:

☐ UN / Specialized Agency
☐ Inter-governmental organization
☐ Non-governmental organization
☐ Indigenous and local community organization
☐ Industry
☐ Education / University
☐ Press / Media
☐ Other observer (specify)

Official Address:

Address: _____

City/Province/Zip: _____ Country: _____

Private Address:

Address: _____

City/Province/Zip: _____ Country: _____

Telephone: ( ) _____
country code area code number

Fax: ( ) _____
country code area code number

Email: _____

Web site http:// _____

Signature: _____ Date: _____

Please return duly completed along with the nomination letters no later than 23 October 2009

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