

Registration Form

Fields with an asterisk (*) are **required** to be filled in.

PARTICIPANT'S INFORMATION

- Category:*** APFC Delegate
 Representative of an Organization/Programme/Project
 Individual
 Youth Delegate
 Unknown

Title:* Mr. Mrs. Ms. Others: _____

First Name: * _____ **Last Name: *** _____

Name for Badge: _____ **Sex:*** Male Female

Nationality: _____ **E-mail: *** _____

Organization: * _____

Department: _____

Organization's Address:* _____

State: _____ **Position: *** _____

Country: * _____ **Post Code:** _____

Organization Website (URL): _____ **Twitter account if any:** _____

Phone Number (Office): _____ **Mobile Number:** _____

Facsimile: _____

Which stream do you intend to follow or are you most interested in? *

- Pathways to Prosperity: Future Trade and Markets
- Tackling Climate Change: Challenges and Opportunities
- Serving Society: Forestry and People
- New institutions, new governance
- Our Green Future: Green investment and growing our natural assets

 Visit <http://www.fao.org/about/meetings/asia-pacific-forestry-week/streams/en/> to know more about the streams

Do you plan to join the reception dinner on 23 February? *

- Yes No

Do you plan to participate in the fieldtrip on 25 February? *

- Yes No

Do you have secured funding to cover your travel costs? *

- Yes No

If so, what is your funding source (organization, project, etc.)?

TRAVEL DETAILS

Passport No.: _____
Date of Issue: _____ Date of Expiry: _____
Issuing Authority: _____
Place expected to get visa: _____

Arrival Details

Airline:* _____ Arrival Date:* _____
Flight No.:* _____ Arrival Time:* _____
Airport/Terminal:* DMIA/Clark International Airport
 NAIA – Terminal 1
 NAIA – Terminal 2
 NAIA – Terminal 3

Departure Details

Airline:* _____ Departure Date:* _____
Flight No.:* _____ Departure Time:* _____
Airport/Terminal:* DMIA/Clark International Airport
 NAIA – Terminal 1
 NAIA – Terminal 2
 NAIA – Terminal 3

NOTE: To facilitate your transport from the airport to Clark, please submit a scanned copy of your ticket to apfw2016@denr.gov.ph

HOTEL RESERVATION

Name of Hotel:* Fontana Hot Spring Leisure Parks and Casino
 Holiday Inn Hotel
 Hotel Stotsenberg
 Lewis Grand Hotel
 ~~A~~ Alohas Hotel
 Park Inn by Radisson
 The Oxford Hotel
 ~~A~~ Widus Hotel and Casino
 Xenia Hotel
 Others: ~~XXXX~~ _____

Check-in Date:* _____ Check-out Date:* _____

NOTE: Participants are responsible for making their own reservations directly with the hotels of their choice. Visit the [List of Recommended Hotels \(http://apfw2016.denr.gov.ph/accommodation.php\)](http://apfw2016.denr.gov.ph/accommodation.php) for more information.

OTHER INFORMATION

Dietary Type:* Halaal Kosher Vegetarian Others: _____

Special Needs: _____

Please fill-out this form and email it to apfw2016@denr.gov.ph. Visit <http://apfw2016.denr.gov.ph> and <http://j.mp/APFW2016> for more information.