|  |  |
| --- | --- |
| **HOW TO APPLY FOR FINANCIAL SUPPORT (To be completed by Government representatives only)** APPLICATION DEADLINE: **as soon as possible, but no later than 15 February 2023,** send it to the secretariat at **public.participation[at]un.org** | |
| **15th Meeting of the Aarhus Convention Task Force on Access to Justice  Palais des Nations, Geneva, Switzerland 4 April (pm) to 5 April 2023**  **Please read the following guidelines attentively for completing your financial support request:** | |
| 1. | Please fill out the financial support request form below, and make sure you obtain the **authorizing signature from the authorizing official (e.g. Minister or Deputy Minister)**  **Kindly note that your request for financial support will be considered after you register online through the following link:**  [**https://indico.un.org/e/15TFAJ**](https://indico.un.org/e/15TFAJ)  Please indicate in the financial support request form and the online registration form the same operational email address which can be used to provide the necessary information regarding the participation. |
| 2. | Kindly allow two to three weeks for the secretariat to be in touch with you to confirm whether your request for financial support has been accepted. |
|  | ***NB. Do not purchase your ticket without prior written authorization from UNECE.*** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| financial support request form | | | | | | | |
| I hereby nominate to participate and request financial support for the participation of the delegate mentioned below to the following meeting:  **15th Meeting of the Task Force on Access to Justice 4 April (pm) to 5 April 2023** | | | | | |
| *AUTHORIZING OFFICIAL (e.g. Minister or Deputy Minister):* | | | | | |
| Family name (Mr / Ms) : |  | | First name: | |  |
| Professional title: |  | | | | |
| Organization: |  | | | | |
| Date of signature: |  | Signature and Stamp: | |  | |

\*\*\*\*\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PARTICIPANT INFORMATION | | | | |
| Family name (Mr / Ms): | |  | First name: |  |
| Professional title: |  | | | |
| Organization name: |  | | | |
| Country: |  | | | |
| Telephone number(s): |  | | | |
| E-mail address(es): |  | | | |