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| **HOW TO APPLY FOR FINANCIAL SUPPORT (To be completed by Government representatives only)**APPLICATION DEADLINE: **as soon as possible, but no later than 22 September 2023,** send it to the secretariat at **public.participation[at]un.org**  |
| **8th meeting of the Task Force on Access to Information under the Aarhus Convention and the International Workshop “Advancing Public Access to Environment-Related Product Information: Challenges And Opportunities”,****Palais des Nations, Geneva, Switzerland9-10 November 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/8TFAI_API_Workshop>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.*** |

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| 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: **8th meeting of the Task Force on Access to Information under the Aarhus Convention and the International Workshop “Advancing Public Access to Environment-related Product Information: Challenges and Opportunities”****Palais des Nations, Geneva, Switzerland, 9-10 November 2023** |
| *AUTHORIZING OFFICIAL (e.g. Minister or Deputy Minister):* |
| Family name (Mr / Ms) : |       | First name: |       |
| Professional title: |       |
| Organization: |       |
| Date of signature: |       | Signature and Stamp: |  |

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