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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 7 October 2024, upload in Indico or** send it to the secretariat at **public.participation[at]un.org**  |
| **[ ]  Global Round table on PRTRs, 20-21 November 2024****[ ]  Working Group of the Parties under the PRTRs, 22 November 2024****To be held in Palais des Nations, Geneva, Switzerland****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/PRTRs\_Week\_2024**](https://indico.un.org/e/PRTRs_Week_2024)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 meetings: **[ ]  Global Round Table on PRTRs, 20-21 November 2024****[ ]  Working Group of the Parties to the Protocol on PRTRs, 22 November 2024** |
| *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): |  |