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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): |  | | | |