

Form 3

5^{TH} MEETING OF THE ACP MINISTERS IN CHARGE OF FISHERIES AND AQUACULTURE MELIA HOTEL, WEST BAY STREET NASSAU, BAHAMAS SEPTEMBER 18^{TH} - 21^{ST} , 2017

TRAVEL AND ACCOMMODATION FORM

Each participant must complete and return this form no later than 18th August, 2017. Name of Delegate (First Name) (Surname) (Prfx) (Sfx) **Country** Office Tel. No. **Email Address Capacity** (E.g. Delegates, Observer, Secretary, CPA HQ Official, Regional Exec. Rep., Int'l Exec. Rep., or other) ARRIVAL Arrival Date Arrival Time Airline Flight Number **DEPARTURE** Departure Date Departure Time Airline Flight Number Passport No. Name(s) of Spouse and/or Guest(s) (if any) (Please write the name of your spouse/guest as it should appear on the registration Card)

Personal Interest	
Additional Information (Optional)	
	(E.g. information related to health, etc.)
Special Dietary Requirements	

Kindly forward an electronic passport sized photograph of yourself and your spouse (if applicable) no later than 11th August, 2017.

Photographs and or biographies not received on 11th August, 2017 cannot be guaranteed inclusion on the website or conference booklet. Should you have difficulty with the deadline, please contact:

Bahamas ACP Secretariat

| Telephone: (242) 397-7412 | Fax: (242) 322-1767 | P.O. Box: N-3028 | Nassau, The Bahamas | | Email: acpconferencebahamas@bahamas.gov.bs |