



FORM 2

## **BIOGRAPHICAL DETAILS FORM**

Each participant must complete and return this form no later than 1<sup>st</sup> June, 2016

This information will be published in the Conference Booklet unless otherwise indicated by delegate.

Name of Participant	
(Surname)	(First Name)
Destin	C. His
Prefix	Suffix
(Eg. Hon., Sen., Mr., Mrs., Miss, etc)	(E.g. MLC, MP, MHA, QC)
Capacity	
(E.g. Ex Co, CWP, Plenary, Youth Parliament	
Name on ID card	
(Please indicate how you would wish your	
CPA Branch	
Political Party (where relevant)	
	Government O Opposition O
Constituency	
Date of Birth	
Date of Election and/or Nomination to Parliament	
Education (University/High School)	
Professional Qualification	
Participation in previous CPA Conferences/ Seminars .	

Parliament of the Commonwealth of The Bahamas •Tel: 1-242-322-2041 • Fax: 1-242-322-1118 • P.O. Box N- 3003 Nassau, The Bahamas• •Email address: 41regionalcpaconference@bahamas.gov.bs•

Personal Interests
Additional Information (Optional)
(E.g. information related to health, etc.)
Special Dietary Requirements
Name of Spouse/Guest (if any)
(Please write the name of your spouse/guest as it should appear on the ID card
(i lease write the name of your spouse/guest as it should appear on the ib card,
Kindly forward an electronic passport sized photograph of yourself and your spouse (if applicable) no
later than 1 <sup>st</sup> June, 2016

Photographs and/or biographies not received by 1<sup>st</sup> June, 2016 cannot be guaranteed inclusion in the Conference Booklet. Should you have a difficulty with the deadline, please contact:

Mr. Anthony Forbes Tel: 1-242-322-2280 Fax: 1-242-322-1118 Email Address: 41regionalcpaconference@bahamas.gov.bs