

WORLD METEOROLOGICAL ORGANIZATION
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WDS-OBS/PWS-WIS/CAP-2014, ANNEX

**COMMON ALERTING PROTOCOL (CAP) JUMP-START WORKSHOP
 (NEGOMBO, SRI LANKA, 16 JUNE 2014) ¹**

AND

**CAP IMPLEMENTATION WORKSHOP
 (NEGOMBO, SRI LANKA, 17-18 JUNE 2014) ²**

NOMINATION FORM

The Government of _____ nominates the following technical staff member to participate at (*please indicate, either 1, 2, or both*): _____

1. Family Name:*			3. Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
2. First Name:*			
4. Address (Office):			
5. City and Country:			
6. Telephone:	Office:	Home:	
7. Mobile:			
8. Facsimile (Fax):	Office:	Home:	
9. E-mail:			
10. Date/Place of Birth:		11. Nationality:	
12. Passport No.:		13. Expiry Date:	

(*) Note: as shown in passport

14. Present position and brief description of duties:

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15. Qualifications:

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16. Experience with the CAP standard in your country (*Please indicate whether your country has implemented, plans to implement or has no plans to implement CAP*):

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17. Indicate the title of your expert's presentation and brief description:

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18. Name and address of person to be notified in case of emergency:

Name:	
Address:	
Telephone/E-mail:	

(Date:)

(Signature of the Permanent Representative:)

For administrative purposes, it is kindly requested that this Form is to be duly filled, signed, endorsed by the Permanent Representative, and returned via e-mail attachment to: Mr Samuel Muchemi (SMuchemi@wmo.int), with copy for information to: Ms Michelle L. Reidsema (MReidsema@wmo.int), **as soon as possible, but preferably not later than 17 March 2014.**
