



# NAGPI Annual Meeting & 5th Anniversary Planning Session

**Miami Florida, 24 January 2007. (116-80 Chantal Line Carpentier /  
Esther Maria Carrillo)**

Please complete and e-mail this form to [meetingservices@cec.org](mailto:meetingservices@cec.org) or by fax (514) 350-4345

**No later than 12 January 2007**

(After this date, the CEC cannot guarantee its ability to make travel arrangements for attendees receiving financial assistance)

## Registration Form

<p><b>Meeting Services</b> Liliana Paz-Miller, Coordinator Olga Sotelo, Assistant Daniel Brevé, Assistant</p> <p><b>E-mail:</b> <a href="mailto:meetingservices@cec.org">meetingservices@cec.org</a> <b>Fax:</b> (514) 350-4345</p>	<p><b>I WILL ATTEND</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
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## Identification

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name: (As in passport)	Last Name: (As in passport)	
Title:		Organization:	
Address:			
City:	Province / State:	Country:	Postal / Zip Code:
Tel. (Res.):	Tel. (Office):	Fax:	E-mail:
<b>My professional activity falls within the following category:</b>			
<input type="checkbox"/> ACADEMIA	<input type="checkbox"/> CONSULTANT	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IGO
<input type="checkbox"/> MEDIA	<input type="checkbox"/> NGO	<input type="checkbox"/> PRIVATE SECTOR	<input type="checkbox"/> OTHER, SPECIFY:
Languages understood	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Spanish
Languages spoken	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Spanish



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## Registration Form (page 2 of 2)

### Travel Arrangements

The CEC would appreciate if participants and their institutions could assist with travel and accommodation costs. Travel and accommodation may be provided in accordance with the "Framework for Public Participation in the Commission for Environmental Cooperation Activities": [http://www.cec.org/files/pdf/publications/guide19\\_en.pdf](http://www.cec.org/files/pdf/publications/guide19_en.pdf)

**ONLY non-profit organizations and individuals from Canada, Mexico or the United States may apply for financial assistance, on a limited basis. Government representatives are not eligible for financial assistance. Funding will be limited to one representative per organization and will be awarded in accordance with the following criteria of the CEC Framework for Public Participation:**

- a) Ensuring a wide range of views and interest—public participants should be selected from different sectors representing a broad range of views in each country;
- b) Demonstrated expertise with the topic(s) to be dealt with at the public meeting;
- c) Ability to present specific, concrete and constructive proposals.

**I, or the non-profit organization I represent, wish to be considered for financial assistance. I attach a one-page statement of interest demonstrating my expertise—or that of my organization—with the topic(s) to be addressed at the public meeting.**

Please verify your passport's expiry date and apply for your visa (if necessary) before you make a request for financial assistance.

• **Do you need financial assistance from the CEC for your travel arrangements?**  Yes  No

Please note that the CEC will make all travel arrangements for participants who receive financial assistance in order to avoid delays with reimbursements. Please indicate your preferences for the preparation of the itinerary.

City and date of departure: \_\_\_\_\_ Hour: \_\_\_\_\_

City and date of return: \_\_\_\_\_ Hour: \_\_\_\_\_

### Hotel Arrangements

**Cardozo Hotel, 1300 Ocean Drive - Miami FL 33139 Tel: 800.782.6500**

**Do you need financial assistance for your hotel accommodations?**  Yes  No

<i>Type of room requested:</i>	Single: <input type="checkbox"/>	Non-smoking: <input type="checkbox"/>	<input type="checkbox"/>	Check-in date: _____ / _____ / _____ <small>Day / Month / Year</small>
	Double: <input type="checkbox"/>	Smoking: <input type="checkbox"/>		Check-out date: _____ / _____ / _____ <small>Day / Month / Year</small>

Are you vegetarian? Yes  No  Do you have food allergies? (specify) \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_