



Stakeholder Meeting of the Sound Management of Chemicals Working Group

**5-6 March 2008, Tucson, Arizona
(Luke Trip. No.197-173)**

Please complete and send to: meetingservices@cec.org or by fax to: (514) 350-4345

No later than February 1st, 2008

Registration Form (page 1 of 2)

<p style="text-align: center;">Meeting Services</p> <p>Liliana Paz-Miller, Coordinator Olga Sotelo, Assistant Daniel Brevé, Assistant</p> <p>E-mail: meetingservices@cec.org Fax: 514-350-4345</p>	<p style="text-align: center;">Financial Assistance Request</p> <p style="text-align: center;">All individuals applying for financial assistance must provide a written statement of interest demonstrating their expertise—or that of their organization—with the topic(s) to be addressed at the public meeting.</p> <p style="text-align: center;">Please note that the deadline for submitting financial assistance requests is no later than February 1st, 2008.</p> <p style="text-align: center;">Persons and organizations who do not register before the date of the event, may register on-site <u>subject to availability of space.</u></p>
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Identification

Mr. <input type="checkbox"/>	First Name: (As it appears in passport)	Last Name: (As it appears in passport)	
Ms. <input type="checkbox"/>			
Title:		Organization:	
Address:			
City:	Province / State:	Country:	Postal / Zip Code:
Tel. (Res.):	Tel. (Office):	Fax:	E-mail: (complete and clear)
My professional activity falls within the following category:			
<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
Are you vegetarian? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have food allergies? (specify) _____	



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Registration Form (page 2 of 2) Financial Assistance

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

The CEC would appreciate it if participants and their institutions could assist with travel and accommodation costs. However, a limited financial assistance may be provided by the CEC in accordance with its "Framework for Public Participation in the Commission for Environmental Cooperation Activities," available at http://www.cec.org/files/pdf/publications/guide19_en.pdf.

Participants may apply for financial assistance by completing and returning this request to the CEC **before February 1st, 2008**.

ONLY nonprofit organizations and individuals from Canada, Mexico or the United States may apply for financial assistance. Government representatives are not eligible for financial assistance. Funding will be limited to one representative per organization.

I, or the nonprofit organization I represent, wish to be considered for financial assistance. I have attached 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.

Is this the first time you request financial assistance to attend a CEC meeting?

- Yes.**
 No. I requested and received such assistance in [year(s)]: _____
 No. I requested and did not receive such assistance in [year(s)]: _____

Travel arrangements

Participants not requesting financial assistance are responsible for making their own travel and lodging arrangements. The meeting venue will be announced in the next weeks.

The CEC will make all travel arrangements for participants who receive financial assistance in order to avoid delays with reimbursements. Please indicate your preferences here below.

City and date of departure:	Hour:
City and date of return:	Hour:

Hotel

Omni Tucson National Resort

2727 West Club Drive. Tucson, Arizona 85742, Phone: (520) 297-2271

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