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| **REGISTRATION FORM** | | | | | | | | | | | | |
| Thank you for your participation in the 11th UNWTO Asia/Pacific Executive Training Program. Please fill out this Registration Form and **send it with a copy of your passport to the UNWTO Secretariat no later than**  **20 February 2017** – **Registration by email** to [aluquin@unwto-ap.org](mailto:aluquin@unwto-ap.org), cc:[air@ustravel.kr](mailto:air@ustravel.kr), [jlee@unwto.org](mailto:jlee@unwto.org), ingrid.kuman@papuanewguinea.travel | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | |
| **Country** |  | | | | **Gender** | | | ⬜ Female ⬜ Male | | | | |
| **Title** | ⬜ Mr. ⬜ Ms. ⬜ Dr. ⬜ Others: \_\_\_\_\_\_\_\_ | | | | **First Name on**  **Passport** | | |  | | | | |
| **First Name** |  | | | | **Last Name** | | |  | | | | |
| **Organization** |  | | | | **Department** | | |  | | | | |
| **Position** |  | | | | **E-mail** | | |  | | | | |
| **Phone** |  | | | | **Mobile** | | |  | | | | |
| **Special Dietary** | ⬜ None ⬜ Vegetarian (vegetables only) ⬜ Vegetarian (with egg/fish/dairy products possible)  ⬜ Halal ⬜ Kosher ⬜ Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **FLIGHT / ACCOMMODATION / TRANSPORTATION** | | | | | | | | | | | | |
| • The UNWTO designated travel agency in Korea (US Travel,[air@ustravel.kr](mailto:air@ustravel.kr)) will contact you for making a flight reservation upon receiving your registration form. Please inform us of your preferred itinerary.  • The Secretariat of the host ([ingrid.kuman@papuanewguinea.travel](mailto:ingrid.kuman@papuanewguinea.travel)) will arrange your accommodation and provide you with transportation between airport and hotel. | | | | | | | | | | | | |
| ***Arrival to PNG*** | | | | | | | | | | | | |
| **Departure** | | Flight No. |  | | | | Airport | | |  | | |
| Date |  | | | | Time | | |  | | |
| **Connecting** | | Flight No. |  | | | | Airport | | |  | | |
| Date |  | | | | Time | | |  | | |
| **Arrival** | | Flight No. |  | | | | Airport | | |  | | |
| Date |  | | | | Time | | |  | | |
| ***Departure from PNG*** | | | | | | | | | | | | |
| **Departure** | | Flight No. |  | | | | Airport | | |  | | |
| Date |  | | | | Time | | |  | | |
| **Connecting** | | Flight No. |  | | | | Airport | | |  | | |
| Date |  | | | | Time | | |  | | |
| **Arrival** | | Flight No. |  | | | | Airport | | |  | | |
| Date |  | | | | Time | | |  | | |
| **APPROVAL OF PARTICIPATION** | | | | | | | | | | | | |
| The applicant above should be endorsed by the **Director General or equivalent or higher-level officer** of the Ministry of Tourism or equivalent organization/department in order to attend this program. Please fill out the name of the endorser below. | | | | | | | | | | | | |
| **Title** | | ⬜ Mr. ⬜ Ms. ⬜ Dr. ⬜ Others: \_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **First Name** | |  | | | | | **Last Name** | | | |  | |
| **Organization** | |  | | **Department** | |  | | | **Position** | | |  |
| **Signature** | |  | | | | | | | | | | |
| **NOTE** | | | | | | | | | | | | |
| Please note that each participant takes full responsibility for checking whether a visa is required to enter the Papua New Guinea and for obtaining a visa if required.  **Inquiries on VISA support**  Ms. Ingrid Kuman /Policy Officer , PNG Tourism Promotion Authority  E. Ingrid.kuman@papuanewguinea.travel T. +675 320 0211 F. +675 320 0223 | | | | | | | | | | | | |