

INTERNATIONAL LABOUR ORGANIZATION

Regional Tripartite Workshop on Improving Safety and Health in Mining for Selected Asian Countries Ulaanbaatar, Mongolia: 16-17 April 2009

NOMINATION FORM

Please type or print in ink

(1) Personal Information of Nominee:

Family Name:	Passport No.:
First Name:	Date of Issue:
Sex:	Expiry Date:
Date of Birth:	Nationality/Country:

(2) Person to notify in case of emergency:

Name: _____

Address: _____

Tel.: _____ Fax: _____

(3) Address through which notification about travel arrangements should be transmitted, including:

Address: _____

Tel: _____ Fax: _____

E-mail: _____

(4) Position of the nominee in the nominating organization:

(5) Is the nominee a designated ILO Governing Body representative/member? Yes / No

(6) Main components of present job: (use separate sheet if necessary)

Signature: _____
(To be signed by the nominee)

I certify that the above nominee has been nominated for the Meeting. He/she is proficient in English and accepts the conditions governing participation in the Meeting.

Date: _____ Signature: _____
(To be signed by person making the nomination)

Designation: _____

Nominating Authority: _____

(address) _____