**WORKSHOP/MEETING SOCIAL MEDIA GUIDELINES FOR THE CARIBBEAN REGION**

**BARBADOS**

**19-21 JUNE 2017**

**APPLICATION/ REGISTRATION FORM**

Please return the completed form **by 12 May 2017** by e-mail to **jas@publicmediaalliance.org**

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| 1. **Applicant Details** |

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| Dr  Mr.  Mrs.  Ms.  Miss  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| Last name: First and middle name(s): |

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| --- |
| Job Title: |

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| --- |
| Member organisation name: |

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| --- |
| Address: |

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| --- |
| Town/City: Country: Postcode: |

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| --- |
| Telephone: Mobile : Fax: |

|  |  |
| --- | --- |
| E-mail: | Special Dietary Request: |

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| 1. **Passport Information** |

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| Passport Number: | Country issuing passport: |
| Date passport issued:  Year: Month: Day | Date passport expires:  Year: Month: Day |
| Date of birth: Day/Month/Year | Nationality(s): |
| Profession (as stated on passport): | |

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| 1. **Applicant Profile ( briefly)** |
| Experience as a media professional: \_\_\_\_\_\_ years |
| Area/s of media training, practice and experience: |
| Area/s of current work relevant to the workshop theme: |

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| **APPLICATION FOR BURSARY**:  Yes  No |
| **TO BE SIGNED & STAMPED BY CHIEF EXECUTIVE OFFICER/ MANAGER OF APPLICANT’S ORGANISATION**:  In submitting this form, I confirm that the applicant officially represents the identified Public Media Alliance (PMA) and CBU member organisation. I also certify that my organisation is in good financial standing with the PMA and CBU.  Name and Title (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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