Financial Support Request Form

Public Consultation on
EBRD’s Revised Public Information Policy

Please fill out this form and return it urgently to e-mail:

ktingas@rec.org

PLEASE PRINT IN CAPITAL LETTERS!

Name:

Mr/Ms ______________________________________ Surname: __________________________________________

Organisation: ____________________________________________________________________________

Title/Role in Organisation

________________________________________________________________________________________

Brief description of the Organisation’s goals and activities, link to organization website, as available

________________________________________________________________________________________

________________________________________________________________________________________

Office address:

________________________________________________________________________________________

City: __________________________________ Zip code: __________________

Country: ________________________________________________________________________________

Telephone: ______________________________ Fax: _________________________________

E-mail: __________________________________________________________________________________


Please mark to which Consultation Meeting you are requesting funding:

April 27, 2011, Moscow (Russian and English language meeting)
May 10, 2011, London (English language meeting)

Please read carefully the selection criteria (separate document) before completing the below section:

Please indicate briefly your/organisation’s experience relevant to the subject of the meeting:
Please confirm that you can participate in the relevant language in which the meeting is held:
- yes
- no

Please state whether you would still be able to participate if no funds are available:
- yes, I would still be able to participate
- no, I would not be able to participate

Please list the main topics of interest at the meeting for your organisation (with regard to the documents to be discussed):

1.
2.
3.
TRAVEL INFORMATION

If you have travel information, please fill in the options below, in case of plane travel pre arranged tickets can be arranged, please fill in the information correctly so that arrangements could be done efficiently.

Airplane travel

Day/month: ______________________________________
☐ I am arriving at ____ by Airline/Flight No. __________________ at __________ □ A.M. □ P.M.

Day/month: ______________________________________
☐ I am scheduled to depart by Airline/Flight No. __________________ at __________ □ A.M. □ P.M.

Train/ Bus Travel

Day/month: ______________________________________
☐ I am arriving by rail/bus in at ________________ □ A.M. □ P.M. Name / number of the train: ______________________________________

Day/month: ______________________________________
☐ I am leaving by rail/bus at ________________ □ A.M. □ P.M.

Note: Please indicate approximate price of the ticket.

HOTEL RESERVATION

☐ Please make a reservation from _____ / to_____ for __________ number of nights
☐ I do not need a hotel reservation

Your room will be guaranteed for late arrival. If for any reason you need to cancel or change your day of arrival, please notify us immediately so that we can make the necessary arrangements! You will be notified of the hotel and address at a later date.

DIETARY PREFERENCE

☐ I prefer vegetarian food  ☐ Other preference:

I understand that by registering for EBRD Policy Consultation meetings and requesting funding, my details will be collected by the Regional Environmental Center in a database held in Hungary for the purposes of organising public meetings and information about the policy review process only and I hereby give my consent to such processing.

Signature_________________________________ Date: __________________________