

OFFICIALS ACCREDITATION APPLICATION FORM

Please attach 2 color passport photographs here with your full name printed clearly on the back. Do not staple through the photograph, attach in a separate envelope. Photographs may also be email in jpeg format, with the applicant's full name and the full name as the subject heading to: accreditation@carifesta.net

Please complete this form and return no later than 31st July, 2008

Either via email to allison.dundas@carifesta.net

or

Via courier to:

Accreditation office
Carifesta Secretariat
91 Middle Street
North Cummingsburg
Georgetown, Guyana

Tel: (592) 225-9840/45 Fax (592) 226-0501



(Please complete this form in BLOCK CAPITALS using a blue or black ink pen)

Personal Information

Title (Mr./Mrs./Other)	<input type="text"/>	Home Address	<input type="text"/>
First Name	<input type="text"/>	Town/ City	<input type="text"/>
Last Name	<input type="text"/>	Country	<input type="text"/>
Date of Birth	<input type="text"/>	Post Code/ Zip Code	<input type="text"/>
Gender	<input type="text"/>	Country of Residence	<input type="text"/>
Nationality	<input type="text"/>	Home Tel	<input type="text"/>
ID Type	<input type="text"/>	Office Tel	<input type="text"/>
Passport/ ID #	<input type="text"/>	Fax	<input type="text"/>
Signature	<input type="text"/>	Cell/ Mobile	<input type="text"/>
E-mail	<input type="text"/>		

Organization Details

Organization Name	<input type="text" value="CARIFESTA Secretariat"/>
Address	<input type="text" value="91 MIDDLE STREET"/>
City	<input type="text" value="GEORGETOWN"/>
Country	<input type="text" value="GUYANA"/>
Job Title	<input type="text" value="Protocol & Liaison Officer/Accreditation Officer"/>
Coordinator's Name	<input type="text" value="Allison Dundas"/>
Coordinator's Tel	<input type="text" value="(592) 226-2052, 225-9840/5"/>
Coordinator's E-mail	<input type="text" value="Allison.dundas@carifesta.net"/>
	I hereby confirm that the named applicant will be working at the Carifesta 2008 for this organization
Authorizing Signature	<input type="text"/>

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First Name

Last Name

(Please mark with an **X** which ONE of the following Best describes Your position)

Position

Carifesta staff

Official

Participating - Delegate

Venue Management staff

General Ground Staff

Corporate Hospitality Staff

Sponsor Representative

Other (please specify)

Official Use Only

Rec _____
Ack _____
Proc _____

Date entered

Clerk's Name

Clerk's signature