

NOMINATION OF DELEGATION COORDINATORS

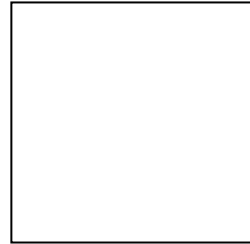
Note by the Secretariat

1. It has become standard practice in the Secretariat to request delegations to designate Delegation Coordinators for the online accreditation and registration of participants attending Ministerial Conferences.
2. In light of the successful results obtained, the Secretariat envisages establishing the function of Delegation Coordinators on a permanent basis. Delegation Coordinators would become the contact point for divisions in the Secretariat responsible for issuing badges for local representatives and participants from capitals attending meetings, providing access to and dissemination of documentation (on paper and via Documents Online), updating the telephone directory, and for other administrative and logistical matters.
3. Delegation Coordinators will be invited to liaise with the Secretariat on the above matters, preferably online, and in so doing will be communicating information on behalf of their Permanent Representatives and the Heads of Observer IGO delegations.
4. Permanent Representatives of WTO Members and Observer governments and Heads of Observer IGOs are invited to nominate a Delegation Coordinator by completing the attached form and returning it by 15 March 2010 to:

WTO Coordination Officer
Languages, Documentation and Information Management Division
World Trade Organization
Centre William Rappard
Rue de Lausanne 154
1211 Geneva 21
Switzerland
E-mail: dc.registration@wto.org
5. Delegations are requested to inform the WTO Coordination Officer of any subsequent changes to the name of their Coordinator using the same form.



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by

Please attach photo here

**WTO MEMBERS / OBSERVER GOVERNMENTS / OBSERVER
INTERNATIONAL INTERGOVERNMENTAL ORGANIZATIONS**

Delegation: _____

Name of the Delegation Coordinator Mr, Ms, Mrs (*circle one designation*)

Family Name: _____ First (Given) Name: _____

Title / Post: _____

Mission: _____

Address: _____

Passport Number: _____

Telephone: _____ Mobile: _____

Fax: _____

E-mail: _____

Date: _____ Signature: _____

Language: (*tick only one box*) English French Spanish

Permanent Representative/Head of IGO: _____

Date: _____ Signature: _____

Only valid when stamped and signed by the responsible authority