



WMO OMM

World Meteorological Organization
 Organisation météorologique mondiale
 Organización Meteorológica Mundial
 Всемирная метеорологическая организация
 المنظمة العالمية للأرصاد الجوية
 世界气象组织

Secrétariat

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Our ref.: 14547/2019/WDS/SDD/RAV-SIDS-IBFWS

28 June 2019

Annexes: 2

Subject: Impact Based Forecast and Warning Services (IBFWS) Workshop for the Pacific Small Island Developing States (SIDS) of WMO RA V, Honiara, Solomon Islands, 16-20 September 2019

Dear Sir/Madam,

I wish to refer to my letter dated 10 May 2019, regarding the postponement of the above-mentioned workshop. I am pleased to inform you that the workshop is now scheduled to be held from 16 to 20 September 2019 in Honiara, Solomon Islands.

In this regard, I would like to invite you to nominate a forecaster from your Service and a self-supported participant from the Disaster Management Authority to attend the workshop. Nomination forms are enclosed herewith (see Annexes) for this purpose.

In order to clarify WMO's insurance coverage for non-staff members, please advise your nominee, before they undertake travel, as follows:

"In the case of non-staff members of the Organization who are authorized to travel at its expense and/or who are receiving a daily subsistence allowance, the WMO accepts limited responsibility for compensation in the event of death, illness or injury attributable to attendance at meetings or the performance of services on behalf of the Organization. These persons therefore remain fully responsible for any expenses incurred as a result of events which are not attributable to attendance at meetings or performances of services on behalf of the Organization and for arranging such life, health and other forms of insurance as they consider appropriate".

For administrative purposes, I would be grateful if you could notify WMO Secretariat by email to Ms M. Andrioli, Chief, Service Delivery Division (Mandrioli@wmo.int with copy to Cbezzola@wmo.int), on or before 19 July 2019, of the attendance of your nominated experts and whether financial assistance would be required for the nominated expert from your Service.

I would like to take this opportunity to express my appreciation for your continued support in promoting the Programmes and activities of WMO.

Yours faithfully,

(W. Zhang)
 for the Secretary-General

To: Permanent Representatives (or Directors of Meteorological or Hydrometeorological Services) of Cook Islands, Federal States of Micronesia, Fiji, Kiribati, Nauru, Niue, Palau, Marshall Islands, Samoa, Tokelau, Tonga, Tuvalu and Vanuatu

cc: Permanent Representative of Solomon Islands with WMO

IMPACT BASED FORECAST AND WARNING SERVICES (IBFWS) WORKSHOP FOR THE PACIFIC SMALL ISLAND DEVELOPING STATES (SIDS) OF WMO RA V

Honiara, Solomon Islands, 16 – 20 September 2019

NMHS FORECASTER NOMINATION FORM

(use one form per participant)

The Permanent Representative of _____ with WMO nominates the following candidate to participate on the above training workshop:

Mr/Mrs/Ms/Dr:	
Family name:	
First name(s):	
Date of birth:	
Present position and responsibilities:	
Work address:	
Work Tel:	
Work Fax:	
Email:	
Education/Qualification:	
Experience:	

Please indicate if financial assistance is required for:

Air Ticket : NO ☐ or YES ☐

Per Diem : NO ☐ or YES ☐

Date: _____ Name of Permanent Representative: _____

Signature of Permanent Representative: _____

Please complete and submit this registration form by e-mail to Ms Catherine Bezzola, (title) (CBezzola@wmo.int) with cc to Mr Samuel Muchemi (insert his title) (SMuchemi@wmo.in) as soon as possible, but **not later than 19 July 2019**)

**IMPACT BASED FORECAST AND WARNING SERVICES (IBFWS) WORKSHOP FOR THE
PACIFIC SMALL ISLAND DEVELOPING STATES (SIDS) OF WMO RA V**

Honiara, Solomon Islands, 16 – 20 September 2019

DISASTER MANAGEMENT AUTHORITY NOMINATION FORM

(use one form per participant)

The Permanent Representative of _____ with WMO nominates the following candidate to participate on the above training workshop:

Mr/Mrs/Ms/Dr:	
Family name:	
First name(s):	
Date of birth:	
Present position and responsibilities:	
Work address:	
Work Tel:	
Work Fax:	
Email:	
Education/Qualification:	
Experience:	

Date: _____ Name of Permanent Representative: _____

Signature of Permanent Representative: _____

Please complete and submit this registration form by e-mail to Ms Catherine Bezzola (CBezzola@wmo.int) with cc to Mr Samuel Muchemi (SMuchemi@wmo.in) as soon as possible, but **not later than 19 July 2019**)