Nomination Letter

Per the invitation from ESCAP to the Ministerial Conference on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific, which will be held in Bangkok from 24 to 28 November 2014, please be informed that:

	(name)
will head the delegation of *(country)*	
and the list of delegates is provided on the following page(s) of this letter.	

Please return this letter by 30 September 2014 to the secretariat care of:

Ms. Wannaporn Sridama
Statistics Division, ESCAP
United Nations Building,
Rajadamnern Avenue,
Bangkok 10200, Thailand

E-mail: sridamaw@un.org
(cc: stat.unescap@un.org)

Fax: +66 2288 1082

Phone: +66 2288 2593

Signature/Stamp of Seat of Government:

Date:

Head of Delegation

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	

Delegate

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	

Delegate

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	

Delegate

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	

Delegate

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	

Delegate

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	

Delegate

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	

Delegate

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	

Delegate

First name:		☐ **Mr.** ☐ **Ms.**
Family name:		
Position:		
Organization:		
E-mail or fax:		
Phone:		
Attending:	☐ Senior officials segment (24-26) ☐ Ministerial segment (27-28)	