

## FORM 2: BIOGRAPHICAL DETAILS FORM

Each participant must complete and return this form no later than 27<sup>th</sup> April, 2018

This information will be published in the Conference Booklet unless otherwise indicated by delegate.

Name of Participant					
•	Surname)	(First Name)			
Prefix		Suffix			
(Eg. Hon., Sen., Mr.	., Mrs., Miss, etc)	(E.g. N	ILC, MP	, MHA, QC)	
Capacity					
(E.g. Ex Co	, CWP, Plenary, Youth Parliamer	nt, Observer)			
Name on ID card					
(Please inc	dicate how you would wish your	name to be printe	d on you	ır ID card)	
CPA Branch					
Political Party (where rele	evant)		•••••		•••••
	Please indicate:	Government	0	Opposition	0
Constituency					
Data of Election and /or N	Iomination to Parliament				
Date of Election and/or N	iomination to Parnament				
Education (University/High School)					
Career					
Participation in previous CPA Conferences/ Seminars					

Additional Information (Option	al)
	(E.g. information related to health, etc.)
Special Dietary Requirements	
Name of Spouse/Guest (if any)	(Please write the name of your spouse/guest as it should appear on the ID card)

Kindly forward an electronic passport sized photograph of yourself and your spouse (if applicable) no later than 27<sup>th</sup> April 2018.

Photographs and/or biographies not received by 27<sup>th</sup> April, 2018 cannot be guaranteed inclusion in the Conference Booklet.

Should you have a difficulty with the deadline, please contact:

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