

# 12<sup>th</sup> Global Meeting of the National Transfer Accounts Network

## July 23-27, 2018

### REQUEST FOR FUNDING

(Please scan and email to June Kuramoto at <http://ewc.leapfile.net> or fax to 1-808-944-7380)

\* = Required field. Please write "N/A" for any required fields that are not applicable.

|  |                          |  |                               |
|--|--------------------------|--|-------------------------------|
| <b>1. PERSONAL INFORMATION: Full name as it appears on your passport.</b>  |                          |  |                               |
| Please do not use initials besides NLN for No Last Name and NFN for No First Name.   |                          |  |                               |
| *Prefix (select one): <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Other _____ |                          |  |                               |
| *Gender (select one): <input type="checkbox"/> Female <input type="checkbox"/> Male  |                          | Suffix (Jr., Sr., III, etc.): _____    |                               |
| *Family Name: _____  |                          | *First Name:                           |                               |
| Middle Name:   |                          | Preferred Name/Nickname:               |                               |
| Date of Birth (mm/dd/yy):  | *Country of Citizenship: | *Country of Legal Permanent Residence: | Home State (if U.S. citizen): |
| *Present Position/Title:   |                          |  |                               |
| *Office/Department:  |                          |  |                               |
| *Organization/Institution:   |                          |  |                               |

|   |  |                    |  |
|---|--|--------------------|--|
| <b>2. CONTACT INFORMATION:</b>  |  |                    |  |
| <b>Business Address:</b>  |  |                    | <input type="checkbox"/> Preferred mailing address |
| *Address 1:   |  |                    |  |
| Address 2:  |  |                    |  |
| *City:  | *State/Province:   | Province:          |  |
| *Country:   | *Zip/Postal Code:  |                    |  |
| <b>Home Address:</b>  |  |                    | <input type="checkbox"/> Preferred mailing address |
| *Address 1:   |  |                    |  |
| Address 2:  |  |                    |  |
| *City:  | *State/Province:   |                    |  |
| *Country:   | *Zip/Postal Code:  |                    |  |
| *Preferred Email: <input type="checkbox"/> Home <input type="checkbox"/> Business | Secondary Email: <input type="checkbox"/> Home <input type="checkbox"/> Business |                    |  |
| *Business Telephone:  |  | *Mobile Telephone: |  |
| Business Fax:   |  | Home Telephone:    |  |

|   |
|---|
| <b>3. HEALTH/DIETARY CONCERNS:</b>  |
| Please inform us of any health, medical needs, or problems you have and how we might assist you:  |
| Please let us know if you have any dietary restrictions. Be specific (ie. no pork, no beef, no mushrooms, no dairy products, vegetarian, food allergies, etc.): |

#### 4. EMERGENCY CONTACT INFORMATION:

|             |                 |
|-------------|-----------------|
| Name:       | Relationship:   |
| Home Phone: | Business Phone: |
| Cell Phone: | Email Address:  |

#### 5. AIR TRAVEL INFORMATION: Indicate the name, city/state, and country of the airport your air travel will begin.

|                       |                                    |                           |
|-----------------------|------------------------------------|---------------------------|
| Name of Airport:      | City/State:                        | Country:                  |
| Window or Aisle Seat: | Smoking or Non-Smoking Hotel Room: | Date of Birth (mm/dd/yy): |

#### 5. ALTERNATIVE SOURCES OF FINANCIAL SUPPORT (FULL OR PARTIAL):

Please indicate below other sources of funding you have received

- Round-trip air transportation
- Per diem for meals and incidentals
- Hotel accommodations
- Registration fee
- Other:

#### 6. TYPE OF FINANCIAL SUPPORT

Please indicate below the type of financial support you are requesting.

- Round-trip air transportation
- Per diem for meals and incidentals
- Hotel accommodations
- Registration fee
- Other: \_\_\_\_\_

I certify that the information provided is true. I also understand the East-West Center (EWC) considers the following to be directory information: name; participation dates; participation category, EWC program; country of citizenship/permanent residence; EWC program activity or degree and major field of study; current address, email, and telephone number; and previous or current educational or institutional affiliation. Directory information may be shared with EWC staff and partners for information and for use in their work. Once active EWC participation has ended, the information may be used in various annual reports, as well as made available to the EWC Associates/Alumni Office.

Photos taken during the course of your program may be included on the EWC website and/or in future EWC publications. Please notify us immediately if you prefer not to have your photo included.

- Check here if you do not authorize EWC to post your photo on its website/related publications.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(if returning by email, please sign by typing your name into the signature block)*