



**Form 2**

**5<sup>TH</sup> MEETING OF THE ACP MINISTERS IN CHARGE OF FISHERIES AND  
AQUACULTURE  
MELIA HOTEL, WEST BAY STREET  
NASSAU, BAHAMAS  
SEPTEMBER 18<sup>TH</sup> - 21<sup>ST</sup>, 2017**

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**BIOGRAPHICAL DETAILS FORM**

Each participant must complete and return this form no later than 11th August, 2017

**Name of participant** .....  
(Surname) (First Name)

**Prefix** ..... **Suffix** .....  
(Eg. Hon., Sen., Dir., Asst. Dir., Mr., Mrs., Miss, etc) (Eg. MP, DIR.)

**Capacity** .....  
(Eg. Ex Co, Speaker, Plenary, Observer)

**Name on ID card** .....  
(Please indicate how you would wish your name to be printed on your ID card)

**Date of Birth** .....

**Education (University/High School)** .....

**Professional Qualification** .....

**Participation in previous ACP Conferences/ Seminars** .....

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**Bahamas ACP Secretariat**  
| Telephone: (242) 397-7412 | Fax: (242) 322-1767 | P.O. Box: N-3028 | Nassau, The Bahamas |  
| Email: [acpconferencebahamas@bahamas.gov.bs](mailto:acpconferencebahamas@bahamas.gov.bs) |

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