**2025 FNCA Workshop on NSS**

**September 23-25, Manila, the Philippines and Online**

Please send the complete registration form to Ms. INOKOSHI **(**[**inokoshi@nsra.or.jp**](mailto:inokoshi@nsra.or.jp)**)** by **22 July 2025**. All information followed by an asterisk must be completed.

|  |  |
| --- | --- |
| **Select how to participate \*** | **Online (Go to page 2)**  **In person (Skip page 2 and go to page 3)** |

**Note:**

**[Entry requirements to the Philippines]**

* To enter the Philippines, your passport must be valid for over 6 months from the date you arrive.
* Return ticket departing within 30 days is required.
* You must register eTravel (<https://etravel.gov.ph/>) within 72 hours (3 days) prior to your arrival into the Philippines.
* Participants from BGD and CHN should obtain the visa.

**[Cost Sharing]**

* NSRA will bear the travel cost (that is, the airfare (between major hub airports) and accommodation cost in the Philippines) for the invited participant from each member country except Australia, ROK and Singapore. Please note **per diem is not borne**.
* Please note that the following **expenses to be borne by foreign participants/dispatching countries**.

(a) Visa acquisition

(b) Overseas travel insurance

(c) Domestic transportation expenses including accommodation charge in your country

(d) Travel and accommodation expenses related to flight connections, if necessary

**I have read and agree to the above.** (This is required)

**[1. Online]**

Please send the complete registration form to Ms. INOKOSHI **(**[**inokoshi@nsra.or.jp**](mailto:inokoshi@nsra.or.jp)**)** by **22 July 2025**. All information followed by an asterisk must be completed.

1. **Personal Data**

|  |  |
| --- | --- |
| **1. Academic Title\*** | **Dr Prof Mr Ms** |
| **2. Full Name\*** |  |
| **3. Organisation\*** |  |
| **4. Position\*** |  |
| **5. Office Tel. Number\*** |  |
| **6. Mobile Number** |  |
| **7. E-mail address\*** |  |

**II Invitation Letter**

|  |  |
| --- | --- |
| **Do you need invitation letter (PDF file) from NSRA for procedures in your organization? \*** | **Yes No** |

**Thank you very much for your cooperation.**

**[2. In person]**

Please send the complete registration form **with a copy of your Passport** to Ms. INOKOSHI **(**[**inokoshi@nsra.or.jp**](mailto:inokoshi@nsra.or.jp)**)** by **22 July 2025**. All information followed by an asterisk must be completed.

1. **Personal Data**

|  |  |  |
| --- | --- | --- |
| **1. Academic Title\*** | **Dr Prof Mr Ms** | |
| **2. Full Name\*** |  | |
| **3. Gender\*** | **Male Female** | |
| **4. Organization\*** |  | |
| **5. Position\*** |  | |
| **6. Office Address\*** |  | |
| **7. Country\*** |  | |
| **8. Office Tel. Number\*** |  | |
| **9. Mobile Number** |  | |
| **10. E-mail address\*** |  | |
| **11. Emergency Contact**  **Name/Tel /E-mail\*** |  | |
| **12. Other information requiring special attention, if any (health condition, food, etc.)** | | **Food:**  **Halal Regular** |

1. **Passport Information & Visa Requirement:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Name spelt exactly the way it appears on your passport\*** | | |  | | | | | |
| **2. 1) Surname\*** |  | | **2) Given name\*** | |  | **3) Middle name\*** | |  |
| **3. Passport number\*** | | |  | | | | | |
| **4. Passport Type\*** | | | **Ordinary Official Diplomatic** | | | | | |
| **5. Date of Issue\*** | |  | | **6. Date of Expiry\*** | | |  | |
| **7. Date of Birth\*** | |  | | **8. Place of Birth\*** | | |  | |
| **9. Registered Domicile\*** | |  | | **10. Nationality\*** | | |  | |

1. **Travel Information**

|  |  |
| --- | --- |
| **1. Do you need a visa to enter the Philippines? \***  **If yes, which Philippine Embassy will you apply for visa?** | **Yes  No**  **(city: 　　　)** |
| **2. Do you need an invitation letter from the Philippines for visa application? \*** | **Yes No**  **If Yes,**  **original copy only electronic file** |
| **3. Do you need an electronic invitation letter from NSRA for procedures in your organization? \*** | **Yes No** |
| **4. Room Preference** | **Smoking  Non-Smoking** |

**Thank you very much for your cooperation.**