

Please make sure that this declaration - filled in and signed by the **President of your association** - is submitted to the IFLA APR Secretariat by **Thursday, 18th August 2022**.

Association's President

I, the undersigned					
	(Please type your name and surname)				
President of					
		(Please type	the name of your institute or	association)	
Address			City		
Address			Province/State		
Postal Code			Country		
		(Please typ	e the official address of your o	association)	
Tel			Email		
	(Country Code)	(Please type the official contact numbers of your association)		(Please type the official email of your association)	

a Category A Member Association of IFLA, declare that this association will be represented physically at the IFLA APR's Regional Council Meeting in Gwangju, Korea or virtually on August 30th, 2022, by our official delegate, and observer(s) as shown below:

Official Delegate to IFLA APR's Regional Council Meeting

I am joining		Physi	Physically in Gwangju, Korea			
(Select only 1 of th	-	Virtually via Zoom				
					(Please	e tick 🖌)
Name Prefix	Prof	Dr	Mr.	Ms.	Mrs.	Mdm.
			(Please highl	ight or circle)		
First Name			Last Nam	e		
Tel			Email			
	(Country Code)	(Phone Number)	(Please	(Please provide a valid email		cation purposes)

Observer(s) to IFLA APR's Regional Council Meeting

Up to 3 observers are allowed to attend physically in Gwangju, Korea and 3 observers virtually in Zoom.

	Physically in Gwangju, Korea				
#	Name Prefix	First Name	Last Name	Email	
1					
2					
3					



IFLA ASIA-PACIFIC INTERNATIONAL FEDERATION OF LANDSCAPE ARCHITECTS

	Virtually in Zoom				
#	Name Prefix	First Name	Last Name	Email	
1					
2					
3					

In case our Official Delegate is not able to attend the IFLA APR's Regional Council Meeting, I declare that our proxy vote is transferred to the following delegate or a member of the Executive Committee as identified below. The delegate or the member of the Executive Committee has been instructed and has full powers to vote on all motions on our behalf.

I am joining (Select only 1 of the following mode)		Physically in 0	Physically in Gwangju, Korea			
		Virtually via Z	oom			
				-		
Name Prefix	Prof	Dr	Mr.	Ms.	Mrs.	Mdm.
(Please highlight or circle)						
First Name		Last Name				

(Please type the official name of the association or "EXCO" as applicable)

Tel Email (Country (Phone Number) (Please provide a valid email address for communication purposes) Code)

Signature

Date

SEND TO	:	Chris Tidswell, IFLA-APR Honorary Secretary	christ@arcadiala.com.au		
СОРҮ ТО	O : IFLA-APR Secretariat		ifla.apr@mci-group.com		