The Regional Workshops will be held to identify issues and assist derive strategies aimed at facilitating and promoting Agricultural Sector development in Papua New Guinea. Those in positions that deal directly with agriculture and land related issues are encouraged to attend.

The workshops will gauge the views of the various Stakeholders, Landowners, Investors and Key Government & Non-Government Agencies leading up to the Validation Workshop in Port Moresby.

<table>
<thead>
<tr>
<th>Region</th>
<th>City/Town</th>
<th>Venue</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Southern Region and Government Departments &amp; Agencies</td>
<td>Port Moresby</td>
<td>Holiday Inn Hotel</td>
<td>17 August</td>
</tr>
<tr>
<td>2 Donor Agencies and Development Partners</td>
<td>Port Moresby</td>
<td>TBA</td>
<td>18 August</td>
</tr>
<tr>
<td>3 Validation Workshop</td>
<td>Port Moresby</td>
<td>TBA</td>
<td>25 August</td>
</tr>
</tbody>
</table>

**NASP Stakeholder Consultations - Regional Workshops**

**Attendance is by Registration Only.**

To register for a workshop, you may obtain and complete a Registration Form at the National Research Institute Office and The Department of Agriculture Office reception in Port Moresby or completing the Registration Form below. Registration Form can be submitted by email (see below) or hand-delivered. Those who are unable to attend the workshops are encouraged to email their Policy Submissions to one of the contacts below. Further information and clarification may also be obtained by contacting the same.

Papua New Guinea National Research Institute  
PO Box 5854 Boroko  
National Capital District  
Attention to:  
Eunice Kivan - Eunice.Kivan@pngnri.org  
Kani Kikman - Kani.kikman@pngnri.org

Department of Agriculture  
PO Box 2033 Port Moresby  
National Capital District  
Attention to:  
Maybellyn Apis - maybellynneasip@gmail.com

**REGISTRATION FORM**

Name: ................................................................................................. Position: .......................................................................................
Organisation: ....................................................................................... Venue of Workshop to attend: ..........................................................
Postal address: ........................................................................................
Phone: .............................................................................................. Mobile: ...........................................
Email: .................................................................................................

**Authorised by:**

Dr. Nelson Simbiken, Acting Secretary