



HEADQUARTERS ALLIED JOINT FORCE COMMAND NAPLES
QUARTIER GENERAL DU COMMANDEMENT INTERALLIE DE
FORCES INTERARMEES NAPLES

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Lago Patria, Naples, Italy

Our ref: JFCNP/PLANS/J9/CK/18-00739

Tel: +39-081-721 + 3108

Date: 30 October 2018

NCN: 433 3108

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TO: See Distribution

SUBJECT: **INVITATION TO 2nd REGIONAL COLLECTIVE TRAINING EVENT**
PLANNING WORKSHOP IN SUPPORT OF REGEX 19 (ACO 4151.2),
10-14 DEC 18

REFERENCES: A. HN MOD Acceptance Letter to be the HOST for REGEX 19, dated 18 Sep 17.
B. ACO 4151.1, 2017 Partnership Cooperation Menu (PCM).
C. SH/MIP/DEI/JPA/20130121, Military Partnership Directorate Management Guidance, 21 Jan 13.

1. At Reference A the Former Yugoslav Republic of Macedonia* accepted SHAPE DCOS MPD's proposition to be the Host Nation for REGEX 19. Consequently, the 2nd Regional Collective Training Event Planning Workshop in support of REGEX 19 will take place in SKOPJE, the Former Yugoslav Republic of Macedonia* on 10-14 Dec 18.

2. JFCNP is pleased to invite Partner Countries to participate in this event in accordance with Reference B. The invitation is open to all NATO Partners (PfP, MD, ICI, PatG). The goal is to train on NATO Standards for exercise planning and preparation, and specifically to assist Partners' exercise planners (OF-2 to OF-4) in the planning and preparation of their participation in REGEX 19.

3. The benefits of this initiative are to:

- a. Strengthen regional cooperation, peace and stability.
- b. Improve and evaluate the level of interoperability and/or capability among staffs and forces of regional partners in a multinational environment.
- c. Satisfy specific training needs of Partner Nations.
- d. Build mutual understanding among Partner Nations.

* Turkey recognizes the Republic of Macedonia with its constitutional name

4. The agenda will be included in the joining instructions. The number of participants will be limited to 2 participants per Partner Nation.

5. **It is strongly recommended that the same individuals who participated in the previous workshop participate in all subsequent workshops.** During the two first workshops, a complete Exercise Planning Course will be provided to the participants. This course will be the conceptual training upon which future development of the exercise will be based.

6. To allow sufficient time for coordination and further planning, we request that partners return the Personal Administration Form (PAF) at Enclosure 1, **no later than 16 Nov 18** to JFC Naples Military Partnership Branch POCs for administrative issues and travel data, by e-mail or fax. JFC Naples will provide flight tickets for the approved Partners' participants in advance. Detailed information about participants should be provided to the POC through the PAF.

7. Requests for NATO financial support should be drafted in accordance with Enclosure 2 and sent to JFC Naples Military Partnership Branch POCs **no later than 16 Nov 18**. Other event details can be found in the Partnership Real-time Information, Management and Exchange system (e-PRIME) under the reference number ACO.4151.2.

8. JFC Naples POCs are as follows:

Administrative Issues:

MAJ Carlos PALMERO (ESP-A) (Main POC)

Phone: 0039 081721 3074

E-mail: Carlos.PALMERO@jfcnp.nato.int

Fax: 0039 081721 8446

NCN: 433-3074

MAJ Christoforos KOUTSOGIANNIS (GRC-A) (Alternate POC)

Phone: 0039 081721 3108

E-mail: Christoforos.KOUTSOGIANNIS@jfcnp.nato.int

Fax: 0039 081721 8446

NCN: 433-3108

Fund Manager Military Partnership Branch

LCDR Zeljko KNEZEVIC (MNE-N)

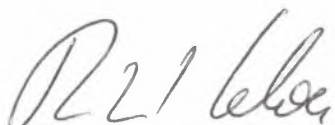
Phone: 0039 081721 3709

E-mail: Zeljko.KNEZEVIC@jfcnp.nato.int

Fax: 0039 081721 8446

NCN: 433-3709

FOR THE CHIEF OF STAFF:



Reinhard KLOSS

Brigadier General, DEU A

Acting Deputy Chief of Staff Plans

ENCLOSURES:

1. PERSONAL ADMINISTRATION FORM (PAF).
2. FINANCIAL ASSISTANCE REQUEST FORM (FARF).

DISTRIBUTION:

External:

Internal:

Action:

Action:

SHAPE Bi-SC MPD

J7

- PNMR Azerbaijan
- PNMR Armenia
- PNMR Belarus
- PNMR Bosnia and Herzegovina
- PNMR Finland
- PNMR Georgia
- PNMR Ireland
- PNMR Kazakhstan
- PNMR Kyrgyz Republic
- POC Malta
- PNMR Republic of Moldova
- PNMR Montenegro
- PNMR Serbia
- PNMR Sweden
- PNMR Switzerland
- PNMR the Former Yugoslav Republic of Macedonia[†].
- POC Tajikistan
- POC Turkmenistan
- PNMR Ukraine
- POC Uzbekistan

J9

-MD Countries:

- Defence Attaché, Embassy of Algeria in Brussels
- Defence Attaché, Embassy of Egypt in Brussels
- Defence Attaché, Embassy of Israel in The Hague, Netherlands
- PNMR Jordan (via SHAPE Bi-SC MPD)
- Defence Attaché, Embassy of Mauritania in Brussels
- PNMR Morocco (via SHAPE Bi-SC MPD)
- Defence Attaché, Embassy of Tunisia in Brussels

-ICI Countries:

- Embassy of Kingdom of Bahrein, Brussels, Belgium

[†] Turkey recognizes the Republic of Macedonia with its constitutional name.

- Embassy of the State of Kuwait, Brussels, Belgium
- Embassy of Qatar, Brussels, Belgium
- Embassy of the United Arab Emirates, Brussels, Belgium

-Partners across the Globe:

- Embassy of Australia in Brussels
- Embassy of Japan in Brussels
- Embassy of the Republic of Korea in Belgium
- Embassy of New Zealand in Brussels
- Embassy of Pakistan in Brussels
- Embassy of Iraq in Brussels
- Embassy of Afghanistan in Brussels
- Embassy of Mongolia in Brussels
- Embassy of Colombia in Brussels

Information:

JFCBS J9
LANDCOM Izmir
MARCOM Northwood

Information:

N/A

ENCLOSURE 1 TO
JFCNP/PLANS/J9/CK/18-00739
DATED 30 OCT 18

**INVITATION TO 2nd REGIONAL COLLECTIVE TRAINING
EVENT PLANNING WORKSHOP IN SUPPORT OF REGEX 19
(ACO 4151.2)**

**10-14 December 2018, Skopje, the Former Yugoslav Republic
of Macedonia***

PERSONAL ADMINISTRATION FORM (PAF)

Please send filled PAF **not later than 30 June 2018** to:

JFC HQ Naples POCs – MAJ Carlos PALMERO (ESP-A), Phone: +39 081 721 3074,
E-mail: Carlos.PALMERO@jfcnp.nato.int, Fax: +39-081-721-8446

MAJ Christoforos KOUTSOGIANNIS (GRC-A) (Alt. POC) Phone: +39 081 721 3108,
E-mail: Christoforos.KOUTSOGIANNIS@jfcnp.nato.int Fax: +39-081-721-8446

LCDR Zeljko KNEZEVIC (MNE-N) Phone: +39 081721 3709
E-mail: Zeljko.KNEZEVIC@jfcnp.nato.int Fax: +39-081-721-8446

NOTE: If you are sending PAF by fax **PLEASE PRINT IN CAPITAL LETTERS** text in the fields and provide personal contact details of participants.

Participant details:

Last name:			
First name:			
Middle Initial:		Military Rank:	
Nationality:		Service:	

* Turkey recognizes the Republic of Macedonia with its constitutional name.

NATO UNCLASSIFIED
Releasable to PfP/MD/ICI/PatG

Organisation:	
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Position/Post title:	
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Planned Augmentee for NATO HQ:	NO	YES	Attended previous similar trainings:	NO	YES	If YES which/when:
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Gender:		Passport No.:	
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Complete Tel. Number:	
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Complete Fax Number:	
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E-mail Address:	
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Mail Address:	
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Travel Data:

Fill appropriate data depending on means of travel.

<u>Car</u>	Date	Time	Car Plate Number
Arrival:			
Departure:			

<u>Air</u>	Airport	Airline	Flight No.	Date	Time
Arrival:					
Departure:					

Visa required: Yes No

PASSPORT #(indicate personal or official): _____ Issued: _____ Expired: _____

If request visa, please indicate the respective Embassies where the Visa Support Letter should be sent in the Host Nation :

Address: Embassy of _____ in _____, city: _____

E-mail address: _____

fax of the Embassy: _____

Train	Station	Train No.	Date	Time
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Arrival:				
Departure:				

Transport from Airport/Train station required ¹ :	Yes:		No:	
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¹ Transport will be provided by the Host Nation.

Accommodation requirements²:

²Hotel room booking will be arranged in Skopje for all participants.

Single Room	Double Room	Smoking	Non- Smoking
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Filled by:

Rank/Name:	
Position ³ :	
Date:	
Contact Tel. No ³ :	

E-mail Address ³ :	
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³ If other than Participant

FINANCIAL ASSISTANCE REQUEST FORM

(To be attached by the PfP/MD/ICI partner Nation to the official participation request)

ACTIVITY ACO 4151.2¹

Activity (Event):	Reference number:
Date:	Location:

PARTICIPANT IDENTIFICATION

Partner Nation:	Rank/Service:
Family name:	First Name:
ID/Number:	Tel/Number:
Email:	Official address:

ESTIMATE OF EXPENDITURE

Travel:	Tuition fee:
Accommodation:	Other:
Meals:	TOTAL:

BANK IDENTIFICATION FOR REIMBURSEMENT² (in capital letters)

Beneficiary ³	
Currency requested	
Name of Bank	
Name of Agency	
SWIFT code ⁴	
IBAN code	
Account number ⁵	

PARTNER NATION AUTHORISATION

Date:	Name:	Signature & Stamps:
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¹ As it is in e-PRIME

² **Unless each cell is completed, we are not able to remit the reimbursement**

³ Official name of the bank account holder

⁴ If IBAN code **is provided**, this cell can be empty

⁵ If IBAN code **is NOT provided**, indicate the bank account number in this cell