



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

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Our ref: JFCNP/PLANS/J9/CK/18-00945

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Date: 10 December 2018

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TO: See Distribution

**SUBJECT: INVITATION TO 3rd REGIONAL COLLECTIVE TRAINING EVENT
PLANNING WORKSHOP IN SUPPORT OF REGEX 19 (ACO 4151.4) -
4th – 8th FEBRUARY 2019**

REFERENCES: A. HN MOD Acceptance Letter to host 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 dated 21 Jan 13.

1. At Reference A the Former Yugoslav Republic of Macedonia (FYROM)* accepted SHAPE DCOS MPD's proposition to be the Host Nation for REGEX 19. Consequently, the 3rd Regional Collective Training Event Planning Workshop in support of REGEX 19 will take place in SKOPJE, FYROM* on 4-8 Feb 19.

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 NATO Standards for exercise planning and preparation, and specifically to assist Partners' exercise planners (OF-2 to OF-4) in the planning of and preparation for 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.

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

* Turkey recognizes the Republic of Macedonia with its constitutional name

5. It is strongly recommended that the same individuals who participated in the previous workshops participate in all subsequent workshops. Each workshop builds upon the principles presented in the previous workshop therefore in order to receive the full benefit of REGEX 19, participants should remain consistent in all workshops and during the Execution Phase.

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 10 Jan 19** 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 10 Jan 19**. Other event details can be found in the Partnership Real-time Information, Management and Exchange system (e-PRIME) under the reference number ACO.4151.4.

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

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Fax: 0039 081721 8446

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Fund Manager Military Partnership Branch

LCDR Zeljko KNEZEVIC (MNE-N)

Phone: 0039 081721 3709

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FOR THE CHIEF OF STAFF:



Gary DEAKIN CBE
Major General, GBR A
Deputy Chief of Staff Plans

ENCLOSURES:

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

DISTRIBUTION:

External:

Internal:

Action:

Action:

- 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

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-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
- 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:

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

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- 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:

SHAPE Bi-SC MPD
JFCBS J9
LANDCOM Izmir
MARCOM Northwood

Information:

J7
N/A

**INVITATION TO 3rd REGIONAL COLLECTIVE TRAINING EVENT
PLANNING WORKSHOP IN SUPPORT OF REGEX 19 (ACO 4151.4)**

**4-8 February 2019, Skopje, the Former Yugoslav Republic of
Macedonia***

PERSONAL ADMINISTRATION FORM (PAF)

Please send filled PAF **not later than 10 Jan 2019 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:	
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:					

<u>Train</u>	Station	Train No.	Date	Time
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Visa required: Yes No

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

If requesting a 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: _____

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

Filled by:

Rank/Name:	
Position ³ :	
Date:	
Contact Tel. No ³ :	
E-mail Address ³ :	

³ If other than Participant

FINANCIAL ASSISTANCE REQUEST FORM

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

ACTIVITY ACO 4151.4¹

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