

HEADQUARTERS ALLIED JOINT FORCE COMMAND NAPLES

QUARTIER GENERAL DU COMMANDEMENT INTERALLIE DE FORCES INTERARMEES NAPLES

Via Madonna del Pantano, 80014 Giugliano in Campania, Loc. Lago Patria, Naples, Italy

Our ref:	JFCNP/PLANS/J9/CK/19-01121	+39-081-721 + 3108
Date:	24 January 2019	 433 3108 +39-081-721-2719 (Registry)

TO: See Distribution

SUBJECT: INVITATION TO 4th REGIONAL COLLECTIVE TRAINING EVENT PLANNING WORKSHOP IN SUPPORT OF REGEX 19 (ACO 4151.5), 11-15 MAR 19

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. The Former Yugoslav Republic of Macedonia^{*} accepted SHAPE DCOS PD's proposition to be the Host Nation for REGEX 19 (Reference A). Consequently, the 4th Regional Collective Training Event Planning Workshop supporting REGEX 19 will take place in SKOPJE, the Former Yugoslav Republic of Macedonia^{*} on 11-15 Mar 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 and PatG). The goal is to train participants 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 two participants per Partner Nation.

5. It is strongly recommended that the same individuals who participated in the previous REGEX 19 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, participants should remain consistent in all workshops and during the Execution Phase.

6. To allow sufficient time for coordination and further planning, it is requested that partners return the Personal Administration Form (PAF) (Enclosure 1), **no later than 15 Feb 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 15 Feb 19**. Other event details can be found in the Partnership Real-time Information, Management and Exchange system (e-PRIME) under the reference number ACO.4151.5.

8. JFC Naples POCs are as follows:

Administrative Issues:

MAJ Carlos PALMERO (ESP-A) (Main POC)Phone: 0039 081721 3074E-mail: Carlos.PALMERO@jfcnp.nato.intFax: 0039 081721 8446NCN: 433-3074

MAJ Christoforos KOUTSOGIANNIS (GRC-A) (Alternate POC)Phone: 0039 081721 3108Fax: 0039 081721 8446E-mail: Christoforos.KOUTSOGIANNIS@jfcnp.nato.intNCN: 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:

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

> 2 Releasable to PfP/MD/ICI/PatG NATO UNCLASSIFIED

ENCLOSURES:

PERSONAL ADMINISTRATION FORM (PAF).
 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 Serbia PNMR Sweden PNMR Switzerland PNMR the Former Yugoslav Republic of Macedonia[†]. POC Tajikistan POC Turkmenistan 	θL

- PNMR Ukraine
- POC Uzbekistan

-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

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

-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:

Information:

J7

N/A

SHAPE BI-SC MPD JFCBS J9 LANDCOM Izmir MARCOM Northwood

> 4 Releasable to PfP/MD/ICI/PatG NATO UNCLASSIFIED

INVITATION TO 4th REGIONAL COLLECTIVE TRAINING EVENT PLANNING WORKSHOP IN SUPPORT OF REGEX 19 (ACO 4151.5)

11-15 March 2019, Skopje, the Former Yugoslav Republic of Macedonia

PERSONAL ADMINISTRATION FORM (PAF)

Please send filled PAF not later than 15 Feb 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: <u>Christoforos.KOUTSOGIANNIS@jfcnp.nato.int</u>	Fax: +39-081-721-8446
LCDR Zeljko KNEZEVIC (MNE-N)	Phone: +39 081721 3709
E-mail: <u>Zeljko.KNEZEVIC@jfcnp.nato.int</u>	Fax: +39-081-721-8446

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

Participant details:

Last name:			
First name:			
Middle Initial:	Militar	ry Rank:	
Nationality:		Service:	

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

Organisation:	
Position/Post title:	

Planned Augmentee for NATO HQ:	NO	YES	Attended previous similar trainings:	NO	YES	If YES which/when:
--------------------------------------	----	-----	--	----	-----	--------------------

Gender:		Passport No.:	
Complete Tel. Number:			
Complete Number:	e Fax		
E-mail Ad	ddress:		
Mail Add	ress:		

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 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 ofinin, city:							
E-mail addres	s:						
fax of the Embassy:							
<u>Train</u>	Station	Train No.	Date	Time			
Arrival:							

Transport from Airport/Train station required ¹ :	Yes:	No:	

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:

Departure:

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 partner Nation to the official participation request)

ACTIVITY ACO 4151.5¹

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:
-------------	--------------------

¹ As it is in e-PRIME

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

³Official 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