



**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/20-02564

**Tel:** +39-081-721 + 3108

**Date:** 31 January 2020

**NCN:** 433 3108

**Fax:** +39-081-721-2719 (Registry)

---

**TO:** See Distribution

**SUBJECT:** **INVITATION TO 2<sup>nd</sup> REGIONAL COLLECTIVE TRAINING EVENT**  
**PLANNING WORKSHOP IN SUPPORT OF REGEX 20 (ACO.4254.4),**  
**16-20 MARCH 2020**

**REFERENCES:** A. HN PNMR Acceptance Letter to be the HOST for REGEX 20, dated 20 Apr 19.  
B. ACO 4254.4, 2019 Partnership Cooperation Menu (PCM).  
C. SH/MIP/DEI/JPA/20130121, Military Partnership Directorate Management Guidance, 21 Jan 13.

1. At Reference A Morocco accepted SHAPE DCOS PD's proposition to be the Host Nation for REGEX 20. Consequently, the 2<sup>nd</sup> Regional Collective Training Event Planning Workshop in support of REGEX 20 will take place in Rabat, Morocco on 16-20 Mar 20.

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 20.

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.

5. It is strongly recommended that the same individuals who participated in the previous REGEX 20 workshop participate in all subsequent workshops. Each workshop builds upon the principles presented in the previous one, 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, we request that partners return the Personal Administration Form (PAF) at Enclosure 1, **no later than 21 Feb 20** 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 21 Feb 20**. Other event details can be found in the Partnership Real-time Information, Management and Exchange system (e-PRIME) under the reference number ACO.4254.4.

8. JFC Naples POCs are as follows:

**Administrative Issues:**

LtC Christoforos KOUTSOGIANNIS (GRC-A) (Main POC)

Phone: 0039 081721 3108

E-mail: [Christoforos.KOUTSOGIANNIS@jfcnp.nato.int](mailto:Christoforos.KOUTSOGIANNIS@jfcnp.nato.int)

Fax: 0039 081721 8446

NCN: 433-3108

MAJ Manuel MUNOZ (ESP-A) (Alternate POC)

Phone: 0039 081721 3074

E-mail: [manuel.munoz@jfcnp.nato.int](mailto:manuel.munoz@jfcnp.nato.int)

Fax: 0039 081721 8446

NCN: 433-3074

**Fund Manager Military Partnership Branch**

OR-8 Alexander HUNZ (DEU-A)

Phone: 0039 081721 2446

E-mail: [Alexander.HUNZ@jfcnp.nato.int](mailto:Alexander.HUNZ@jfcnp.nato.int)

Fax: 0039 081721 8446

NCN: 433-2446

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 Serbia
- PNMR Sweden
- PNMR Switzerland
- PNMR North 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 Bahrain, Brussels, Belgium
- Embassy of the State of Kuwait, Brussels, Belgium
- Embassy of Qatar, 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

NATO UNCLASSIFIED  
Releasable to PfP/MD/ICI/PatG

- 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  
AIRCOM Ramstein

Information:

J7  
N/A

**INVITATION TO 2<sup>nd</sup> REGIONAL COLLECTIVE TRAINING  
EVENT PLANNING WORKSHOP IN SUPPORT OF REGEX 20  
(ACO.4254.4)**

**16-20 March 2020, Rabat, Morocco**

**PERSONAL ADMINISTRATION FORM (PAF)**

Please send filled PAF **not later than 21 February 2020** to:

LtC Christoforos KOUTSOGIANNIS (GRC-A) (Main POC)  
Phone: 0039 081721 3108      E-mail: [Christoforos.KOUTSOGIANNIS@jfcnp.nato.int](mailto:Christoforos.KOUTSOGIANNIS@jfcnp.nato.int)  
Fax: 0039 081721 8446      NCN: 433-3108

MAJ Manuel MUNOZ (ESP-A) (Alternate POC)  
Phone: 0039 081721 3074      E-mail: [manuel.munoz@jfcnp.nato.int](mailto:manuel.munoz@jfcnp.nato.int)  
Fax: 0039 081721 8446      NCN: 433-3074

**Fund Manager Military Partnership Branch**

OR-8 Alexander HUNZ (DEU-A)  
Phone: 0039 081721 2446      E-mail: [Alexander.HUNZ@jfcnp.nato.int](mailto:Alexander.HUNZ@jfcnp.nato.int)  
Fax: 0039 081721 8446      NCN: 433-2446

**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:	

NATO UNCLASSIFIED  
Releasable to PfP/MD/ICI/PatG

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 Fax Number:	
----------------------	--

E-mail Address:	
-----------------	--

Mail Address:	
---------------	--

**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: \_\_\_\_\_

<b>Train</b>	<b>Station</b>	<b>Train No.</b>	<b>Date</b>	<b>Time</b>
Arrival:				
Departure:				

Transport from Airport/Train station required <sup>1</sup> :	<b>Yes:</b>		<b>No:</b>	
--	-------------	--	------------	--

<sup>1</sup> Transport will be provided by the Host Nation.

**Accommodation requirements<sup>2</sup>:**

<sup>2</sup>Hotel room booking will be arranged in Skopje for all participants.

<b>Single Room</b>	<b>Double Room</b>	<b>Smoking</b>	<b>Non- Smoking</b>

**Filled by:**

Rank/Name:	
Position <sup>3</sup> :	
Date:	
Contact Tel. No <sup>3</sup> :	

E-mail Address <sup>3</sup> :	
-------------------------------	--

<sup>3</sup> 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 4254.4<sup>1</sup>

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:	<b>TOTAL:</b>

### BANK IDENTIFICATION FOR REIMBURSEMENT<sup>2</sup> (in capital letters)

Beneficiary <sup>3</sup>	
Currency requested	
Name of Bank	
Name of Agency	
SWIFT code <sup>4</sup>	
IBAN code	
Account number <sup>5</sup>	

### PARTNER NATION AUTHORISATION

Date:	Name:	Signature & Stamps:
-------	-------	---------------------

<sup>1</sup> As it is in e-PRIME

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

<sup>3</sup> Official name of the bank account holder

<sup>4</sup> If IBAN code **is provided**, this cell can be empty

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

