THE PAM AWARD 2024 EXCELLENCE IN THE EURO- MEDITERRANEAN AND GULF REGIONS

## CALL FOR 2024 NOMINATIONS

*Awardees* *will* *be* *announced* *during* *the* *18th* *PAM* *Plenary* *Session* *on 15-16* *May* *2024 in Braga, Portugal*

*“To* *reward* *individuals,* *organizations* *and* *institutions* *who* *have* *demonstrated* *through their* *work,* *strong* *and* *visible* *commitment,* *outstanding* *achievement* *and* *active* *promotion* *of* *the* *ideals* *and* *principles,* *as* *envisioned* *by* *the* *statutes* *and* *mission* *statement* *of* *the* *Parliamentary* *Assembly* *of* *the* *Mediterranean”*

### THE AWARD

The Parliamentary Assembly of the Mediterranean annually recognizes the work of organizations and personalities from the political, economic, social, cultural, scientific, sports, journalism and artistic community, who contribute through their action to establish bridges among the peoples of the region, so as to foster understanding, mutual respect, socio-economic cooperation, political dialogue, confidence building and conflict solution.

This year, the prize will also reward individuals and organizations engaged in particular (but not only) in the **field of mobilization and delivery of humanitarian assistance in response to natural or man-made distasters**

### PARTICIPATION

Participation is open to any individual, institution and organization (including non-profit entities) from the Euro-Mediterranean and the Gulf regions, and beyond.

Completed application forms are to be addressed to the relevant national PAM parliamentary delegation or directly to the PAM Secretariat. Deadline for submitting the applications is **20 April 2024**. Application Forms may be downloaded from the PAM website [www.pam.int.](http://www.pam.int/)

For further Information, please contact: The PAM Secretariat

E-mail: [secretariat@pam.int](mailto:secretariat@pam.int)

Website: [www.pam.int](http://www.pam.int/)



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EXCELLENCE IN THE EURO-MEDITERRANEAN AND GULF REGIONS

## APPLICATION FORM

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| --- | --- |
| Name of individual/institution/organization |  |
| Name of representative(s)s in case of institution/organization |  |
| Document No.   * ID Card / or * Passport |  |
|  |
| Address |  |
| Country |  |
| E-Mail: |  |
| Phone: |  |



Overview of the activities relevant to the mission of PAM:

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Please attach any additional documents that are relevant to the application process

Date:

Signature