

**PARTICIPANT REGISTRATION FORM**

Return this form by

Email to:

I wish to participate in the

EFFECTIVE INTEGRATED WATER RESOURCES MANAGEMENT IMPLEMENTATION IN A RIVER BASIN FOR RIVER BASIN ORGANIZATIONS TRAINING

1 Full Name Male  Female

2 Official Name (i.e.name under which you wish to be registered and which will appear on your certificate)

3 Postal Address

Phone

Fax

E-Mail

Mobile

4 Profession

5 Date, place, and country of birth

6 College and/or university education

Name and place

From

Degree

Main studies

Thesis or major

7 English language proficiency (fair F, Good G, Excellent E)

Read

Write

Speak

Understand

F  G  E

F  G  E

F  G  E

F  G  E

Was English the language of instruction in secondary school/university? Y  N

8 Present professional employment (use additional sheet if necessary)

Job Title

From

Employer, name

Employer, address

Type of organization

Government

Semi Government

Private

Phone

Faximile

Responsibilities

**In case you are involved in the execution of a specific project**

9 Project name

Job title

Responsibilities

Location

Executing Agency

Financing provided by

**Personal statement of why you wish to participate in this Workshop**

10

Please enclose a curriculum vitae \*

Date

Signature applicant

This application is supported by my Employer/ Supervisor/ Head of Department

Name :

Signature of Employer/Supervisor/Head  
of Department

Note: \*A Registration Form without CV will not be considered