RISIS2 COURSE TYPE

TITLE

Venue and date

APPLICATION FORM

Title

Name   Family Name

Gender

Address

Town   Country

Date of birth

Tel   Fax

E-mail address

Name of the organization

Country of the organization

RISIS2 partner   yes   no

Position *(choose an option)*

Knowledge of   Basic   Intermediate   Advanced

Why do you want to attend the course? (main motivations)

Your e-mail address will be used to send RISIS Newsletter and information about RISIS activities. You can always use the unsubscribe link included in the newsletter and RISIS Communications campaigns.

I accept RISIS terms and conditions

Save the document and send to   Attach an updated personal CV