



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)

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