Application Form

EU Specialized 4 days Training

May 2015 Italy – June 2015 Greece

# Your personal data :

Last name:

First name:

Function:

Address:

Country:

Tel: Fax:

Mobile phone:

E-mail:

Website:

Airport of departure (if applicable):

I wish to attend as a member of:

* an intergovernmental organisation (name)
* an NGO (name)
* a professional network (name)
* an enterprise (name)
* other (please explain

# Your motivation to attend:

|  |
| --- |
|  |

# Your professional strengths and capacity needs

|  |
| --- |
|  |

# I would you like to attend the following training course:

☐ The 4-days training course in ITALY from 3rd to 7th May 2015 in Turin

☐ The 4-days training course in GREECE during the first week of June 2015 in Athens

Please send this form by 15th March 2015 to Ms Marily Mexi at the following email: [mexi.m@kmop.gr](mailto:mexi.m@kmop.gr) Successful candidates will be notified by Tuesday **31st March 2015**.

Please note that in view of the limited capacity of the venue you are advised to send your expression of interest as soon as possible.