APPLICATION FORM

Regional Workshops – 2019

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| **Name of Host Center** |  |
| **Contact Name** |  |
| **Email** |  |
| **Phone** |  |
| **Name of Associated Center 1** |  |
| **Contact Name** |  |
| **Email** |  |
| **Name of Associated Center 2** |  |
| **Contact Name** |  |
| **Email** |  |
| **What skills does your region need? (see below)** |  |
| **What is your motivation to host a Regional Workshop?** |  |
| **How will this workshop impact your region?** |  |
| **Do you agree to the guidelines?** |  |
| **What are the main challenges to hosting the regional workshop?** |  |
| **How many workshops can you do?** |  |
| **Workshop 1** |  |
| **Skill** |  |
| **Suggested workshop leader** |  |
| **Workshop 2** |  |
| **Skill** |  |
| **Suggested workshop leader** |  |
| **Workshop 3** |  |
| **Skill** |  |
| **Suggested workshop leader** |  |
| **How many participants can you host, including the leaders and the ASSITEJ representative?** |  |
| **Other questions or comments?** |  |