



## **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	ı			
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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