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| **REGISTRATION FORM** |
| Let the youth play the leadbas-masques-L-8KXOmC.jpeg19th-26th november 2017Montendre - FRANCE |
| **PERSONAL INFORMATION** |
| First name: |  |
| Surname: |  |
| Gender: |  |
| Address, zip code, city, country: |  |
| Nationality: |  |
| E-mail address: |  |
| Place and date of birth: |  |
| Telephone number, preferably mobile: |  |
| Level of English: (basic, good, excellent) |  |
| Study or Occupation: |  |
| Diet / Allergies / Special Needs: |  |
| Contact person in case of emergencyFull name:Address:Phone numbers:Relationship to you: |  |
| **FOCUS QUESTIONS** |
| What organization are you connected with? |  |
| What is your role/position in the organization? |  |
| What is your European projects experience until now? |  |
| What is your international experience until now? |  |
| In which activities are you involved in your organization? |  |
| How do you expect to improve the activities in your organization if you participate in this event? |  |
| How many people are involved in your activities (please state min/max)? |  |
| How can they benefit from you if you participate in this event?  |  |
| How can you benefit in your professional life if you participate in this event? |  |
| Other remarks or questions: |  |