

Application Form for Training Course Attendance (professionals)

Applicant Private data				
Name		Male		Female
Date of Birth				
Occupation				
Degree				
General Specialization				
Major Specialization				
Participation type	Personal		Organization nomination	
Contact Information				
Organization or Company Name				
Organization Address				
Organization Activity				
Organization Tel./Fax				
Organization Website				
Applicant Tel.				
Applicant E-Mail				
Specific Data To The Training Course				
Course Name				
Course Organizer	Cyprus Chamber of Commerce and Industry (www.ccci.org.cy) (in collaboration with Cyprus Institute / www.cyi.ac.cy)			
Course Start Date	29/ 10 / 2014			
Duration Of The Session	2 days			
Course Place	Athalassa Campus, 20 Konstantinou Kavafi Street, 2121 Aglantzia, Nicosia, Cyprus			
Subscription Fee	No subscription fee			
The extent to which the subject of the training course fits with your specialization. What's the justification for the request to attend the training course				
Scientific and technical activity of the applicant (the last three activities linked to the specialization of the session)				
Last three previous sessions attended (Name of course / organizer)				
	Name of course	Organizer		
1				
2				
3				