

APPLICATION FORM

A. INTRODUCE YOURSELF

Your background:

Why are you interested to join this training?

Nominate one challenge that you would like to discuss during the training:

B. ORGANIZATION NAME AND CONTACT INFORMATION

Organization name and country:

Organization contact name:

E-mail address:

Telephone number:

Alternate contact telephone number:

C. GENERAL INFORMATION

Year of creation

Working areas

Profile of organization / describe the organization

What is your organization's programming experience with this subject/matter? Describe the general background of your initiatives.

PARTICIPANT REGISTRATION FORM

COUNTRY/ORGANIZATION:

YOUR PHOTO
Please attach a photo
in jpg format.

(If you cannot attach the photo,
send it separately)

PERSONAL INFORMATION

Title (Mr./Mrs./Ms.):

Surname:

First Name:

Date of Birth:

Passport Number:

Mobile number:

E-mail address:

Do you have any visa?

If yes, which ones,
and expiration date:

COUNTRY/ ORGANIZATION

Position:

Organization:

Address:

Telephone:

Fax:

E-mail:

MEDICAL INFORMATION

Disabilities/ Allergies/
Medical Conditions:

Treatment (if any):

Special requirements/
dietary preferences:

Medical insurance or
travel insurance
information (if any):

Vaccines already given
(including COVID-19*
and Yellow Fever):

*COVID-19 vaccination might be mandatory to enter Argentina.

Kindly submit this form along with the photo and a copy of your ID or passport no later than July 24, 2022,
to secretaria@resdal.org, rodrigo@resdal.org or elisa@resdal.org.