

Participant Registration Form

- Event name **Water in urban area**
- Location Płock, Poland
- CIFAL Płock

PARTICIPANT NAME*	SURNAME		
	First name		
	Middle name(s)		
	Title		
Gender* (M/F)		Date of Birth (dd/mm/yy)	
Nationality*			
Postal Address (Place of residency)	Street		
	PO Box		
	City		
	Postcode		
	Country		
E-mail*			
Telephone (country code)			
Fax			
Organizational Affiliation* (please specify name in space provided)	Government – Local		
	Government – State/Regional		
	Government - National		
	Regional organization		
	NGO		
	Private Sector		
	Academia		
	UN		
	International organization (non-UN)		
	Other		
Functional Title*			
How did you learn about the event? (choose all that apply)	By mail or fax <input type="checkbox"/>	Web (please specify) <input type="checkbox"/>	
	By email <input type="checkbox"/>		
	By word of mouth <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>	
	By local press <input type="checkbox"/>		
Are you a sponsored participant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(please specify)	
Have you participated in a previous CIFAL event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(please specify)	
Have you already participated in an e-learning course?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(please specify)	
THE FOLLOWING TO BE FILLED OUT BY CIFAL STAFF ONLY			
Completed event	YES <input type="checkbox"/> NO <input type="checkbox"/>	For all events EXCEPT _____.	
Obtained certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>		

*denotes required data