

**EVENT NAME: Water in urban areas**

**LOCATION: Płock, Poland**

**CIFAL NAME: CIFAL Płock**

Participant name	Surname:			
	First name:			
	Middle name:			
	Title:			
Gender (M/F):			Date of birth (dd/mm/yy):	
Nationality:				
	Street:			
	PO Box:			
	City:			
	Postcode:			
	Country:			
E-mail:				
Telephone and mobile:				
Fax:				
Organizational affiliation (please specify name in space provided)	government-local	<input type="checkbox"/>		
	government-state/regional	<input type="checkbox"/>		
	government-national	<input type="checkbox"/>		
	Regional organization	<input type="checkbox"/>		
	NGO	<input type="checkbox"/>		
	Private sector	<input type="checkbox"/>		
	Academia	<input type="checkbox"/>		
	UN	<input type="checkbox"/>		
	International organization (non-UN)	<input type="checkbox"/>		
	other	<input type="checkbox"/>		
Functional title*			Web (please specify):	<input type="checkbox"/>
How did you learn about the event?	By email <input type="checkbox"/>	fax <input type="checkbox"/>	Other (please specify): <input type="checkbox"/>	
	By word of mouth <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 events?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(please specify)	
Have you already participated in an learning course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(please specify)	
<b>THE FOLLOWING TO BE FILLED OUT BY CIFAL STAFF ONLY</b>				
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				
				