



unitar

United Nations Institute for Training and Research



cifal

Płock



Centrum Partnerstwa
Publiczno-Prywatnego



VEOLIA
ENVIRONNEMENT

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 <i>(please specify name in space provided)</i>	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)
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			
   			