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Note: Use this form for registration.

(For more Information on Registration: isco.mashhad.ir)

PLEASE SEND US THE REGISTRATION FORM AS SOON AS POSSIBLE.

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13th Joint Training Seminars
December 02 – 05, 2019 Mashhad – I. R. of Iran

1. PERSONAL DETAILS (Please type or write clearly)

Title: Mr. Mrs. Ms. Prof. Dr.

First name: Surname:

* Name you want to be typed on your Name Tag (in English):

Place of Employment:	Full work address:
Official Position:	Address:
Tel.: +..... (.....).....	City:Country:
Website:	Zip Code:
Email:	

Include contact information that we can directly reach you regarding your registration:

Tel.: +..... (.....).....	Fax: +..... (.....).....
Cell phone: +..... (.....).....	Email:

2. BRIEF PERSONAL INFORMATION:

Educational Background:

Highest Degree Earned:	In what Major:
Name of University:	Date Earned:

Work Background:

What position did you hold previous to your present one?

Name of organization / company / etc.....

Date you worked there: / / to / /

3. Workshop:

- Increasing Municipal Revenues with SMART Solutions
- Urban Regeneration with People's Participation
- Local Government - Human Resource Management & Reforms

Note:

- *Since the workshops are parallel and held at the same time, each participant can only register in one of them.*
- *All the workshops are going to be in English, and there will be Persian interpretation only.*

4. ALL PARTICIPANTS MUST SUBMIT AN OFFICIAL RECOMMENDATION LETTER FROM YOUR SUPERVISOR THAT INCLUDES YOUR EMPLOYMENT'S LETTERHEAD, SIGNATURE OF YOUR SUPERVISOR AND OFFICIAL STAMP. (An example letter is attached)

5. ENGLISH PROFICIENCY **Please tick (✓) the box.*

	Excellent	Good	Fair	Poor	Remarks
Listening					
Speaking					
Writing					
Reading					

6. STATEMENT OF MOTIVATION AND WHAT YOU WANT TO LEARN:

- Please state your training goals.

How will your participation benefit your career and/ or your city/ organization?

- Please specify what would you like to learn from the training?

(The training curriculum is not finalized and subject to change. You also can state particular themes of lecture or site visits that you would like to propose for the curriculum)

- What is the major policy and pending issue of your city in regards to the training subject?

- If there are pending issues, what are the obstacles in resolving them?

(The reason why it is difficult to solve)

7. Dietary requirements: None Vegetarian Other (please explain):

Medical condition that requires special attention (please explain):

***8. ACCOMPANYING PERSON(S):**

1- First name:..... Surname:.....

Relationship to you: Occupation:

2- First name:..... Surname:.....

Relationship to you: Occupation:

*** The accompanying person cannot be a colleague. The city of Mashhad covers 5 nights for a single room (December 01 to 05, 2019) for participants. The participant must cover the additional nights and expenses, as well as expenses related to accompanying persons.**

9. FLIGHT INFORMATION (Please fill out this information in order to arrange hotel reservations and airport pickup and drop off. *If you do not have the information now please email or fax it to us as soon as possible*).

For Arrival:

Flight #:.....

Date arriving in Mashhad:.....

Time arriving in Mashhad:.....

For Departure:

Flight #:.....

Date leaving Mashhad:.....

Time leaving Mashhad:.....

**Due to the limitation of seats, please send us the completed register form as soon as possible.
For more Information, please visit our website: isco.mashhad.ir**

Email: info@mashhadisco.ir

LETTER OF RECOMMENDATION

Dear Director of ISCO:

Upon understanding goals and objectives of your international training program and with the hope of promoting our knowledge and experience exchanges, I hereby recommend the following person as our city's representative in your program.

I guarantee that our applicant will abide by all laws and rules of your city during the program period and will resume his/her job upon completing the course.

Applicant's Profile

Name of Training Program:

Applicant's Name:

Present Job Title:

Department / Division:

Name of City / Organization:

Recommender's Profile

Recommender's Name:

Recommender's Relation to Applicant:

Present Job Title:

Department/Division:

Name of City/Local Government/Organization:

Official Website Address of City/Organization:

Contact Information

- Tel :

- E-mail :

(We may contact you during applicant selection process)

Date(dd/mm/yyyy):

Signature:

Information Needed for Visa

Please Attach a Fresh Copy of Valid Passport information page and new passport photo

and email to info@mashhadisco.ir or Fax to +98 51338490019 or WhatsApp: +98 9055313038

Gender:

Male..... Female

Name:

Surname:

Father's Name:

Grandfather's Name (for Arab Nationals):

Date of Birth:

Place of Birth:

Passport Number:

Place of Issue:

Date of Issue:

Expiry date:

Present Nationality:

Previous Nationality:

Present Occupation:

Position:

Type of activity:

Company/institution's Name:

Fax:

Tel:

Cell phone:

Email:

Address:

Which country you would like to receive your visa?