



APPLICATION FORM
Regional Training on Health Promotion in Nutrition Programs
February 16 – 27, 2009



PERSONAL DATA

Full Name (with title) :

Gender* : Male Female

Place/ Date of Birth :

Educational Background :

Affiliation :

Government institution Non-government institution

Affiliation Address :

Phone.....

Fax.....**Email**.....

Permanent Home Address :

Phone.....

Mobile.....

Fax.....**Email**.....

Profession :

Current Job Position :

Nationality :

Field of interest : (specify your field of expertise and interest in nutrition and health)

Proficiency Level of English language Native Moderate
 Fluent Poor
 Good

Membership of scientific societies :

International experience in relation to your professional work :

How Health promotion related to your professional work :
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.....

What will you do after you joined the Regional Training of Health Promotion for Nutrition Program :
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.....

Describe your reason for applying to attend the Regional Training of Health Promotion for Nutrition Program :
.....
.....

Additional Information : **Food Restriction**.....

*Please put thick mark (✓) in selection
Use block letters
Use one application form for one participant only

Place....., D.....M.....Y.....

(please put your signature)