

## APPLICATION FORM

Please print *legibly*

Mr/Ms			
Family Name			
First Name			
Position			
Organisation			
Address			
Tel		Fax	
E-mail		Website	

**Below questions will be used as a reference in the selection process. EUROCHAMBRES may ask for additional information when required.**

### 1. Your Organisation

Please indicate the date of creation and legal status of your organisation

Please describe the main features of your organisation: memberships, internal structure and activities, main objectives.

**2. Your Role in the Organisation**

Please describe your responsibilities in the organisation. Be as concrete as possible.

**3. Your Motivation**

Please explain in detail why you wish to participate in the Project Management Training.

Date of submission:

Submitted by:



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