

Working meeting » Youth resources in Internet«
(In the frame of Category B of European Youth Foundation of
Directorate of Youth and Sport of COE)

Sofia, Bulgaria, 15.03.2002 – 18.03.2002

SCAS
10 Narodno sabranie sq.
Sofia 1000
Bulgaria
Phone/fax: +359 2 9870293
fax: + 359 2 9877477
E-mail: course@scas.acad.bg
URL: www.scas.acad.bg

APPLICATION FORM

PERSONAL DATA

Name Family name First name:.....
Sex: (underline): Male / Female , Nationality:, Country:.....
Date of birth..... in,
Age:....., Profession/University/School:,
Private address: Postal Code:
Phone..... Fax..... E-mail:URL:.....

Please, note that the participants must be over 16 and under 30 years old. Exceptions could be made after discussions with the partners.

ORGANIZATION DATA

Organization name:
Address: Postal Code:
Phone..... Fax..... E-mail:URL:.....
Contact person who could give more information about you:.....

Organization general aims:
.....
.....

Organization main projects/activities in 2000/2001:
.....
.....

What is your position and job in your organization:.....
.....

Have you participated in similar youth events? When? Where?
.....

What are your expectations about this meeting:
.....
.....

How will this event benefit you and your organization:

How could you contribute to the working meeting program:

Special needs /some assistance, vegetarian food etc. /:

Working languages (underline): English <fluent> <very good> <good> <insufficient>
Bulgarian <fluent> <very good> <good> <insufficient>

Please, explore and mention the cheapest mean of transport and travel costs from your location to Sofia and back (student fare, APEX tickets etc.):

Means of transport /airplane, bus, train/ Career:..... Estimated price:.....

If you need VISA for Bulgaria, please specify: passport number issued at
byon valid until nationality

**ONLY COMPLETELY FILLED APPLICATIONS WILL BE ACCEPTED.
DEADLINE FOR RECEIVING THE APPLICATION (BY FAX, POST OR E-MAIL):
15.02.2002**

Date: Place:.....

Signature:.....

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