



Municipality of Mashhad

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Due to the limited number of seats, only one representative from each city will be accepted for each seminar. **PLEASE SEND US THE REGISTRATION FORM AS SOON AS POSSIBLE.**

Email: info@mtcm.ir or info@mashhadisco.ir or Fax: 0098 511 8490019

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Metropolis Training Seminars
October 10 - 13, 2013 Mashhad – I. R. of Iran

1. PERSONAL DETAILS (Please type or write clearly)	
Title: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Prof. <input type="radio"/> Dr.	
First name:	Surname:
* Name you want to be typed on your Name Tag (in English):.....	
Place of Employment:..... Official Position:..... Tel.: +.....(.....)..... Website:..... Email:.....	Full work address: Address 1: City:Country: Zip Code:.....
Include contact information that we can directly reach you regarding your registration:	
Tel.: +.....(.....)..... Cell phone: +.....(.....).....	Fax: +.....(.....)..... Email:
2. BRIEF RESUME INFORMATION:	
Educational Background:	
Highest Degree Earned:.....	In what Major:.....



Municipality of Mashhad

Name of University:.....	Date Earned:.....
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Work Background:

What position did you hold previous to your present one?.....

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

Date you worked there:/...../..... to/...../.....

3. 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:

I,....., as the supervisor of attest to the fact the he/she is fully qualified to represent our city in your training course.

Signature & Stamp:

Date:



4- Workshops: Please indicate which workshop you will attend (Please select one theme)

Strategic Planning & Performance Measurement

Smart Cities

Language: *English* *Arabic* *Farsi*

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

Medical condition that requires special attention (please explain):.....

***6. 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 6 nights for a single room (October 8-13, 2013) for participants. The additional nights and expenses, as well as expenses related to accompanying persons must be covered by the participant.**



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7. 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.

Online Registration is preferred: www.mtcm.ir

Email: info@mtcm.ir or info@mashhadisco.ir

Tel: +98 511 8490018 Fax: +98 511 8490019