

Aswan Woman's Film Festival association

Aswan Workshops Application



First Name:

Last Name:

Age:

Address:

Phone Number:

E-mail:

Certifications:

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Experience (If Available):

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Name of Workshop Required:

Skills:

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Did you join any workshops organized by Aswan association? Yes / No

If Yes. Please write the name of the workshop:

Note 1: Please send a photo with the application.

Note 2: The trainee is committed to abide by the regulations of the workshops' administration during the workshop including attendance. The workshops' administration has the right to exclude any trainee who violates the workshops' regulations.

Acknowledgement

I the undersigned hereby acknowledge that all the data and information herein above stated are valid.

Name:

Signature