**Registration Form**

**3rd Session of PAAIC for the Certificate of Aptitude in Administration of African and International Affairs**

**Please duly fill out the boxes bellow and return the document to the following address: cafrad@cafrad.org**

**Mr. 🞎 Ms/Mrs. 🞎**

Surname\*:

First name\*:

Country of Residency\*:

Address:

Telephone\* (Please state your Country code):

E-mail Address\*:

Profession\*:

Employing Institution:

The training will be financed by:

* My employer
* Myself
* Other (please specify) :

**\* Fields marked with an asterisk are mandatory.**

*For further information regarding the training modules or the modalities of participation, we kindly ask you to consult the document “Concept Paper – 3rd Session of PAACI – Tangier, Morocco”, or to contact CAFRAD at* *cafrad@cafrad.org**.*