



## Training Request Form (To Host)

(All information is required)

<b>Name:</b>		<b>Title:</b>	
<b>Organization:</b>			
<b>Address:</b>		<b>Country:</b>	
<b>Phone/Fax:</b>		<b>Email:</b>	
<b>Proposed Dates for Training:</b>		<b>Expected number of Participants:</b>	
<b>Number of LIRs in your country:</b>			
<b>(AfriNIC requires that at least 50% of the participants are professionals, however, we also encourage student participation.)</b>			
<b>How many are professionals?</b>		<b>How many are students?</b>	
<b>(AfriNIC requires a minimum of 10 participants to organize a training session.)</b>			
<b>Have you previously requested training from AfriNIC? Yes ___ No ___</b>			
<b>Have you attended previous training with AfriNIC? Yes ___ No ___</b> <b>If yes, where? When?</b>			
<b>Are you requesting a fee from your participants to attend this training? Yes ___ No ___</b> <b>If yes, please explain the reason for the fee, i.e., the expenses that will be covered by the fee:</b>			
<b>(AfriNIC will cover the cost of the venue , tea break and lunch, and does not charge a fee to participants for the training sessions)</b>			

