**CAREC Institute**

**Registration Form**

Please fill out this form and send to videocon@carecinstitute.org and stevenl@carecinstitute.orgto receive Zoom meeting link and the needed details to connect to the CAREC Institute’s virtual workshop.

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| 1 | Name: (Mr./Ms. and underline family name) |  |
| 2 | Official designation: |  |
| 3 | Department/Office: |  |
| 4 | Office Address: |  |
| 5 | Telephone (office): |  |
| 6 | Mobile: |  |
| 7 | Email address: |  |
| 8 | English language proficiency (excellent, good, fair, poor): |  |