

Registration Form

Transport Management and Planning

7 - 25 October, 2010

General Information

Title _____ Name _____ Middle-Name _____ Surname _____

Present Position: _____

Place of Employment: _____

Main Job Responsibilities: _____

Mailing Address (Business): _____

City _____ Zip Code _____ Country _____

Phone (Business): _____ Home Phone: _____

Fax (Business): _____ Mobile: _____

E-mail (s): _____

Skills and Education

Last Degree Attained: _____

Institution: _____

Fluent in English Yes No

Computer Literate Yes No

How did you Learn About the Programme?

● Direct contact from Galilee Institute: Phone call Post E-mail Fax

● Through: GC Graduate Employer Other Name: _____

Financial Support

Galilee Institute offers a limited number of scholarships covering tuition fee only, for qualified candidates. Would you like to apply for a tuition scholarship? Yes No

Person or organisation responsible for payment of local expenses fees:

(Please complete and stamp enclosed Sponsorship Guarantee of Payment form)

Sponsors' Guarantee of Payment

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Candidate Information

Title Name Middle-Name Surname

Present Position: _____

Place of Employment: _____

Sponsor Information

Name of sponsoring officer *(Name of the person responsible for the payment):*

Title Name Middle-Name Surname

Present Position: _____

Place of Employment: _____

Mailing Address (Business): _____

City Zip Code Country

Phone: _____ Fax: _____ E-mail: _____

Local Expenses Fee: *(Please check the sum you are interested in)*

€ 2,865 EUR € 2,755 EUR with Early Bird Discount* *(Double Occupancy: Two people sharing a room)*

€ 3,705 EUR € 3,595 EUR with Early Bird Discount* *(Single Occupancy: One person in one room)*

The invoice for the local expenses fee will be sent to the above stated person according to the requested accommodation arrangement. Please note that the admissions committee will not take action until this form is fully completed and submitted.

**Early Bird Discount is applicable when payment will be received before the 7th of August, 2010.*

Date

Stamp of Organisation

Signature of Sponsoring Officer

Visa Application Form

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Candidate Information

Title _____ Name _____ Middle-Name _____ Surname _____
Father's Name: _____ Mother's Name: _____
Previous Surname: _____ Religion: _____
Country of Birth: _____ Nationality: _____

Birth Date: ____ / ____ / ____ (DD/MM/YYYY)

Family Status: Single Married Divorced Widowed

Do you have any medical condition that may require special facilities? YES / NO

Previous Visa Information

Previously visited Israel: YES / NO Dates: _____

Purpose of visit: _____

Country Visited: _____ Date of Visa Issue: _____

Country Visited: _____ Date of Visa Issue: _____

Country Visited: _____ Date of Visa Issue: _____

Passport Details

Number: _____ Issued at: _____ (City, Country)

Expiration Date: ____ / ____ / ____ (DD/MM/YYYY)

*As per requirements of the Israeli Ministry of Interior, in order to process the entry visa, the passport **MUST** be valid for a minimum of **7 months** after the intended date of the participant's entry to Israel.*

Registration Checklist

In order to complete your registration and present it to the admissions committee for evaluation please submit the following documents:

1. Registration form: Completely filled in
2. Sponsors' guarantee of Payment form, signed and stamped by the sponsor
3. Visa application form, completely filled in
4. Passport photocopies: Pertinent information, Visa stamps, Extension date (if any)
5. Detailed Curriculum Vitae.

All forms and documents should be sent to the programme director, Mrs. Korinna Meigs-Janssen by e-mail as an attachment or by fax to: kmeigs-janssen@galilcol.ac.il Fax: (+972) 4 6514811