



Integrated Water Resource Management (IWRM) Training APPLICATION FORM

Hoi An, Vietnam, 18-25 February 2009

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Please submit by 16 January 2009

Date of Submission		— Signature —		
Applicants Name: Dr Mr Ms Ms	Last	First	Initial	
Job Title ————————————————————————————————————				
Organization				
Postal Address		Country		
Telephone No.	Fax No.			
Mobile No.	E-mail address			
Birthday dd/mm/yy		Years of experience in current work		
Total years of experience in your organization Liaison: Dr Mr Ms Ms Job Title	Expertise field Last	First	Initial	
Telephone No. Check to indicate you have approval to appoint to approve the control of the cont	Fax No. oly from employer Nearest	International Airport		
Dr Mr Ms Last	First	Initial	Organization	
NARBO Membership: River Basin Organization Government O The NARBO Secretariat may be able to support Travel Accommodation Per dien	rganization Others		Organization nsorship you wish to apply for:	

PLEASE ALSO ENCLOSE YOUR RESPONSES AS AN ELECTRONIC DOCUMENT (WORD 97 – 2003 COMPATIBLE) TO THE QUESTIONS ASKED IN THE FIRST CALL FOR APPLICATIONS ACCOMPANYING THIS APPLICATION FORM. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION NOT BEING CONSIDERED.