**TCA Thematic Seminar**

**“Validation of non-formal and informal learning**

**- opportunities for special target groups**

**28.11.-1.12.2017, Kuopio, Finland**

**Registration form**

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| **Participant name** |  |
| **Position and area(s) of responsibility within the organisation** |  |
| **Participant’s knowledge of English****(B2 level required)** |  |
| **Participant e-mail** |  |
| **Participant phone number** |  |
| **Organization name** |  |
| **Type of organisation**  |  |
| **Organization address** |  |
| **Postal code** |  |
| **Country** |  |
| **Phone number** |  |
| **Organization e-mail** |  |
| **Legal representative of the organization** | **Name****position** |
| **Do you have any other special needs (for example concerning accessibility)?** |  |
| **Please describe briefly the type of institution you represent and the activities related to validation of non-formal and informal learning** |  |
| **What is/are the most important learning outcome(s) that you expect to gain from the seminar?** |  |