PARTICIPATION FORM

Please fill in this form in capital letters and return one copy to

**serra.issiz@medyacity.com.tr**cc: **egovworkshop2015@sesric.org** by 16 November 2015.

CONTACT INFORMATION

|  |  |
| --- | --- |
| Country |  |
| Name (as written in the passport) |  |
| Surname (as written in the passport) |  |
| Institution / Department |  |
| Position / Designation |  |
| Does your title correspond to a managerial position? (please tick) | YES |[ ]  NO |  |
| Experience in e-Government(please tick) | None |  | Less than 3 years |[ ]  3-5 years |  | More than 5 years |  |
| E-mail |  |
| Mobile Phone | Country Code |  | Area Code |  | Number |  |
| Landline Phone | Country Code |  | Area Code |  | Number |  |
| Fax | Country Code |  | Area Code |  | Number |  |

VISA AND/OR INVITATION LETTER NEED

|  |  |
| --- | --- |
| What type of passport do you hold? (Service/Diplomatic/Ordinary) |  |
| Do you need a visa to enter Turkey? (please tick) | YES |  | NO |  |
| Do you need an invitation letter on your name from the Organisation Committee for |
| facilitation of visa issuance? (please tick) | YES |  | NO |  |
| grant of permission from higher authorities in your country? (please tick)  | YES |  | NO |  |