

1. Your Proposal

*Title	
*Expected Dates	
*Location	Country/Region: _____ City: _____
*Planned Activities (Please describe the event content and schedule plan)	
Additional Notes	

2. Contact Information

*Type of Organization	<input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Non-profit
	<input type="checkbox"/> Non-profit <input type="checkbox"/> Educational Institute
	<input type="checkbox"/> Business <input type="checkbox"/> Other, Please state _____
Name of the Organization	
Official website	
Address	
*Primary Contact Person	
*Contact email	
*Telephone	
Secondary Contact Person	
Contact email	
Telephone	

3. Submitted by

*Name	
*Date	

All fields marked with a * are required.