

TAILORED COURSE NOMINATION FORM

(To be filled by the responsible government official supporting the candidature)

IMPORTANT: PLEASE REGISTER FIRST ONLINE (<https://ecampus.wto.org>) IN ORDER TO GET THE REGISTRATION NUMBER.

REGISTRATION NUMBER: _____

The Government of:

Nominates

Mr. / Mrs. / Miss (please specify):

Family Name:

First Name:

Position:

Ministry:

Email Address:

To participate in "Tailored Course"

Please indicate the names of the modules that you have chosen (minimum one and maximum five)

1.

2.

3.

4.

5.

Details of the responsible government official supporting this candidature

Mr. / Mrs. / Miss (please specify):

Family Name:

First Name:

Position:

Ministry:

Email Address:

.....

Place and Date

.....

Signature and official stamp

Please return the form by e-mail to elearning.registration@wto.org or by fax +41.22.739.51.91