**Registration Form**

**5th International EbA Community of Practice Workshop**

**November 24th and 25th 2020**

**Virtual event**

Contact: [eba@giz.de](mailto:eba@giz.de)

**Please register until November 4th, 2020 by filling in this form and sending it back to** [**eba@giz.de**](mailto:eba@giz.de)**. In case you have to withdraw after confirmation, please inform us immediately.**

# A. Participant information

|  |  |
| --- | --- |
| 1. Title: |  |
| 2. Last Name: |  |
| 3. First Name: |  |
| 4. Position: |  |
| 5. Organization: |  |
| 6. Country: |  |
| 7. Mail: |  |

**B. Are there any *further questions* related to the main topics that the workshop should address?**

**C. I would like to share the following experiences linked to the main workshop topics during the workshop:**

**D. I would like to present content in the virtual marketplace (please specify your input):**

**E. Approval of information in terms of protection of privacy**

Do you agree to have your email address published on the report of the event and posted on the online platforms facilitated by GIZ?  Yes  No

Do you agree to be on photos taken by the organizer of this event?  Yes  No

They would possibly be used for the Global EbA Project’s internet presence or publication.

Thank you for registering. We are looking forward to welcoming you in the virtual event space!

**The organizers**