



PARTICIPANT INFORMATION

Full name:

Job title:

Date of birth (dd/mm/yyyy):

Address:

Phone:

E-mail:

E-mail:

Note: All sections must be completed.

EXPERIENCE related to TREX Andalucía participation

Briefly describe below your professional experience

Do you have the possibility of bringing an all-terrain vehicle from your institution? Yes / No

EXPECTATIONS

Briefly describe your expectations for the training. What do you expect to learn, to bring to the course, and to experience? How will this benefit your workplace, organization, and career? Please, explain below

If you were invited to share your experience/work to the rest of the participants by a brief oral communication, which would be the topic?

MEDICAL INFORMATION AND DIET

Do you have any allergies, medical problems or other conditions that could affect your ability to conduct prescribed fire or take part in other field exercises? If so, please describe below (continue on reverse if needed).

Do you have any food allergies or other dietary restrictions? If so, please describe below.

EMERGENCY CONTACT

Full Name:

Address:

E-mail:

Phone:

SUPERVISOR INFORMATION

Full Name:

Job title:

Email:

Phone:

Note: All data should be provided.

Send this completed registration form to trex.andalucia@juntadeandalucia.es before **15:00 hours (Madrid Time Zone) September 30.**