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| **Permaculture Design Certificate (PDC)**  **April 24-May 8, 2016 | Saidoun - Jezzine (South Lebanon)** | | | | | | | | | **Adaptation Bilingual.jpg** | | | | | |
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| **REGISTRATION FORM** | | | | | | | | | | | | | | |
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| Please fill the form below and send it by email to contact.soilslebanon@gmail.com **by April 4, 2016 at the latest**  **\*All fields are required - Write N/A where the information is not applicable)** | | | | | | | | | | | | | | |
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| **PERSONAL INFORMATION** | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. First name: |  | | | |  | | | 3. Date of birth (DD/MM/YYYY) | | | | |  | |
|  | | | | | | | | | | | | | | |
| 2. Last name: |  | | | |  | | | 4. Gender (Male/Female) | | | | |  | |
|  | | | | | | | | | | | | | | |
| **CONTACT DETAILS** | | | | |  | | | **ADDRESS** | | | | | | |
|  | | | | |  | | |  | | | | | | |
| 5. Mobile |  | | | |  | | | 8. Caza | | | |  | | |
|  | | | | | | | | | | | | | | |
| 6. Landline |  | | | |  | | | 9. City or Village | | | |  | | |
|  | | | | | | | | | | | | | | |
| 7. Email |  | | | |  | | | 10. Street | | | |  | | |
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| **EDUCATIONAL/PROFESSIONAL BACKGROUND** | | | | |  | | | | | | | | | |
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| 11. Current occupation (if applicable) | | | |  | | | | | | | | | | |
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| 12. Highest level of education | | | |  | | | | | | | | | | |
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| 13. Are you currently a student? (YES/NO) | | | |  | | | | | | | | | | |
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| *If YES, please specify:* | | | | | | | | | | | | | | |
| 14. University | |  | | | |  | | | 15. Major | |  | | | |
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| **FOOD/SAFETY INFORMATION** | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 16. Do you have specific diet needs or restrictions? (YES/NO) | | | | | | | | | |  | | | | |
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| *If YES, please specify (vegan, vegetarian, gluten-free, etc.)* | | | | | | | | | |  | | | | |
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| 17. Do you suffer from any allergies/chronic conditions? (YES/NO) | | | | | | | | | |  | | | | |
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| *If YES, please list your medication(s) and dosage* | | | | | | | | | |  | | | | |
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| IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT? | | | | | | | | | | | | | | |
| 18. Emergency contact name | | |  | | | | 19. Emergency contact tel. | | | | | | |  |
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| **ADDITIONAL INFORMATION** | | | | | |  | | | | | | | | |
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| 20. How did you hear about the Permaculture Design Certificate (PDC)? | | | | | | | | | | | | | | |
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| 21. What do you hope to learn from this course? | | | | | | | | | | | | | | |
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| 22. List any skills/talents you have that could be related to permaculture (agriculture, farming, building, art, etc.) | | | | | | | | | | | | | | |
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*See Page 2 for fees and registration*

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| **PARTICIPATION FEES** | |
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| **Fees include tuition costs, accommodation for the duration of the course and meals.**  **The number of participants is limited:**  **To confirm your place, you need to pay the pre-registration fee (non-refundable) by April 4, 2016 at the latest** | | | |
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| Lebanese nationals | $650 per person ($250 pre-registration by April 4, 2016 + $400 on the first day of the PDC) | | |
| Non-Lebanese residents | $650 per person ($250 pre-registration by April 4, 2016 + $400 on the first day of the PDC) | | |
| **The second part of the payment is due by the first day of the course (April 24) at the latest**  \* **Early Bird** Discount: $590 for early registration (full payment by March 10, 2016) | | | |
|  | | | |
| International participants | $1,200 per person | | |
| \* **Early Bird** Discount: $1,000 for early registration (full payment by March 10, 2016) | | | |
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| **PAYMENT METHOD** | |  | |
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| Local participants (Lebanese and non-Lebanese residents): Cash or Money Transfer (OMT) | | | |
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| Contact us to arrange for a transfer via OMT or set up a face-to-face meeting at your convenience in or around Beirut.  Email contact.soilslebanon@gmail.com or call +961-71-617988  We will also announce open info-sessions in Beirut to answer your questions one-on-one and/or accept your payment  Stay tuned to our Facebook page to find out more. | | | |
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| International participants: Money transfer | | | |
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| Contact us to discuss the most convenient payment method | | | |
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| **REGISTRATION** | |  |  |
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| **The deadline for registration is April 4, 2016.**  **Please send this completed form by email to** contact.soilslebanon@gmail.com **and pay the pre-registration fee by April 4, 2016 at the latest** | | | |

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| Do you have any comments, questions or anything else you'd like to share with us? |
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| **For further questions and details, please email us: contact.soilslebanon@gmail.com or call +961-71-617988** |

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| **DISCLAIMER** |  |  |
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| **I, the undersigned certify that the information I have provided in this form is complete and accurate. I agree to take full responsibility for all my personal belongings and valuables. I understand that SOILS Permaculture Association Lebanon will not be held liable for any personal injury/affliction resulting from information I withheld from the association, and/or for any damage/loss to my property.** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Signature |  |
|  |  | (leave blank for now) |  |

Website: www.soilspermacultureassociationlebanon. com

Email: contact.soilslebanon@gmail.com

Facebook: SOILS Permaculture Association Lebanon

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