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| **Advanced Permaculture Design Course**  **July 19-26, 2016 | St Joseph University - Beirut** | | | | | | | | | | | | **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 July 10, 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 | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATIONAL/PROFESSIONAL BACKGROUND** | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 11. Current occupation (if applicable) | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 12. Highest level of education & major | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 13. Are you currently a student? (YES/NO) | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| *If YES, please specify:* | | | | | | | | | | | | | | | | | | | | | | |
| 14. University | |  | | | | | | |  | | | 15. Major | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **FOOD/SAFETY INFORMATION** | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 16. Do you have specific diet needs or restrictions? (YES/NO) | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| *If YES, please specify (vegan, vegetarian, gluten-free, etc.)* | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 17. Do you suffer from any allergies/chronic conditions? (YES/NO) | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| *If YES, please list your medication(s) and dosage* | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT? | | | | | | | | | | | | | | | | | | | | | | |
| 18. Emergency contact name | | | |  | | | | | | 19. Emergency contact tel. | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 20. Please specify if you have experience in permaculture (Permaculture Design Certificate, training, growing, etc.): | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | |
| 21. On a scale of 1 to 10, rate the importance of these elements in your living system (1= lowest, 10 = highest) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Solar Power | | | | |  | Building Systems | | | | | | | | | | |  | Future Scenarios | | | |  |
| Greywater Systems | | | | |  | Incorporating Livestock in Design | | | | | | | | | | |  | Aquaponics | | | |  |
| Intensive Vegetable Production | | | | |  | Physics Laws, Science of Design & Systems | | | | | | | | | | |  | Hydroponics | | | |  |
| Season Extension | | | | |  | Project Management | | | | | | | | | | |  | Tunnel & Hoop House Management | | | |  |
| Enhanced Ecological Services | | | | |  | Polyculture Design | | | | | | | | | | |  | Drafting & Paper Design Skills | | | |  |
| Appropriate Technology & Mechanical Services | | | | |  | Future Proofing for Energy Descent | | | | | | | | | | |  | Deprogramming Cultural Influence | | | |  |
| Developing an Ecological Attitude | | | | |  | Intentional Community Dynamics | | | | | | | | | | |  |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 22. Do you face gaps in understanding that keep you from the life goals you envision? If YES, please specify | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | |
| 23. What size of land you feel you would most often be working with? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
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| 24. Which of the following do you have experience in (please highlight): | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| intensive vegetable production | | | construction | | | | | | | | | | database management | | | | | | | | electrical systems | |
| plumbing | | | carpentry | | | | | | | | | | cabinetmaking | | | | | | | | solar hot water systems | |
| greywater systems | | | baking | | | | | | | | | | food processing | | | | | | | | canning, fermentation, pickling | |
| wood carving | | | beekeeping | | | | | | | | | | aquaculture | | | | | | | | aquaponics | |
| community-supported agriculture | | | organizational development | | | | | | | | | | community organizing | | | | | | | | conflict resolution | |
| accounting | | | marketing | | | | | | | | | | pottery and ceramics | | | | | | | | photography | |
| drawing | | | cooking | | | | | | | | | | firewood collection | | | | | | | | installation of living spaces | |
| second life or reuse of purchase materials | | | base mapping | | | | | | | | | | water collection systems | | | | | | | | laser level use | |
| grafting | | | plant propagation through seed | | | | | | | | | | plant propagation through cuttings | | | | | | | | annual starter plants for vegetable gardening | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **PARTICIPATION FEES** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| $150 per person (paid on the first day of the course)  **\*Fees include tuition costs, rental of space/equipment and light snacks.** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **REGISTRATION** | | | | | | | | |  | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **The deadline for registration is July 10, 2016.**  **Please send this completed form by email to** contact.soilslebanon@gmail.com **by July 10, 2016 at the latest**  **Full payment should be settled on the first day of the course** | | | | | | | | | | | | | | | | | | | | | | |

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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** |  |  |
|  | | |
| **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.** | | |

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| --- | --- | --- | --- |
| Date |  | Signature |  |
|  |  |  |  |

Website: www.soilspermacultureassociationlebanon.com

Email: contact.soilslebanon@gmail.com

Facebook: SOILS Permaculture Association Lebanon