

APPLICATION FORM
LEADER PROJECT 2017
May 8th – May 19th

COMPANY/INSTITUTION INFORMATION
Name:
Phone:
Address:
Sector/Industry:
Web:
List the main products/services offered by the company:
Number of Employees:
Year of establishment of the company:
PARTICIPANT'S INFORMATION
Name and Surname:
Date of birth:
Phone:
E-mail:
Education:
Job Position:

GENERAL QUESTIONS

What do you expect to learn during the Leader Trainings?

What skills or knowledge that will be applicable in your everyday work would you like to acquire during the ten day intensive training?

Are you planning on opening your own business? Tell us something about your business idea.



CANSEE

Kanadsko - Srpsko Poslovno Udruzenje
L'association D'affaires Canado - Serbe
Canadian Serbian Business Association

