FIDE Trainer Seminar Application
Organizer

1. Organizer

<u>Type</u>

Federation

Name: _____

Academy

Address: _____

Other

_____

_____

Contact Person: _____   FIDE ID: _____

E-Mail: _____   Mobile Phone: _____

2. Seminar Information:

<u>Type</u>

DI/NI/FI

Reason for Seminar: _____

NI/FI/FT

_____

Venue Name & Location: _____

_____

Dates: _____   Estimated No. of Participants: _____

Lecturer(s): _____

3. Fees per Participant

Seminar Fee: _____   FIDE Exam Fee: _____   Other Fees: _____

4. Approvals/Endorsements

Sponsoring Organization: _____

Authorised Official: _____   FIDE ID: _____

E-Mail: _____   Mobile Phone: _____

_____   _____
Signature   Date

Logo/Stamp

Please submit this application to: trainers@fide.com