

FIDE Trainer Seminar Application

Participant



1. Seminar Information:

Name: _____

Dates: _____

Type

DI/NI/FI

NI/FI/FT

2. Participant

Name: _____

FIDE ID: _____

FIDE Titles: _____

FIDE Rating: Current: _____

Country/Federation: _____

Highest: _____

E-Mail: _____

Mobile Phone: _____

3. Training Experience

Years: _____ No. & Level of Students: _____

Type of/Areas of Training: _____

4. Student Results

5. Related Skills/Achievements

Signature

Date

Please complete this form and submit to the organizer

Logo/Stamp