

NOMINATION FORM

To be filled by the responsible government official supporting the candidature

The Government of:

Nominates

Mr / Ms (please specify):

Family Name:

First Name:

Position:

Ministry:

Email Address:

To participate in the WTO e-Learning Programme.

Details of the responsible government official supporting this candidature

Mr. / Mrs. / Miss (please specify):

Family Name:

First Name:

Position:

Ministry:

Email Address:

.....
Place and Date

.....
Signature and official stamp