



Registration Form



Environmental Management | 25 October - 7 November, 2017



Candidate Information

| | | | |
|--------------------------|----------------------|------------|----------------------|
| Title | <input type="text"/> | First Name | <input type="text"/> |
| Middle Name | <input type="text"/> | Surname | <input type="text"/> |
| Job Title | <input type="text"/> | | |
| Company/ Organisation | <input type="text"/> | | |
| Company website | <input type="text"/> | | |



| | | | |
|------------------------------|----------------------|----------|----------------------|
| Street Address (Business) | <input type="text"/> | | |
| City | <input type="text"/> | Zip Code | <input type="text"/> |
| Country | <input type="text"/> | | |



| | | | |
|-------------------------|----------------------|------------|----------------------|
| Phone (Organisation) | <input type="text"/> | Home Phone | <input type="text"/> |
| Fax (Organisation) | <input type="text"/> | Mobile | <input type="text"/> |
| Email | <input type="text"/> | Skype | <input type="text"/> |



Skills and Education

| | |
|----------------------|----------------------|
| Last Degree Attained | <input type="text"/> |
| Institution | <input type="text"/> |



How Did You Learn About the Programme?

Direct contact from Galilee Institute: Phone Call Email Facebook LinkedIn

Through: GIMI Graduate Employer Other Name:



Financial Support

Galilee International Management Institute offers qualified applicants a scholarship that covers the tuition fee. Would you like to apply for a tuition scholarship? Yes No

Person or organisation responsible for payment of local expense fee

(Please complete and stamp enclosed Sponsor's Guarantee of Payment form)

Sponsors' Guarantee of Payment



Candidate Information

| | | | |
|--------------------------|----------------------|------------|----------------------|
| Title | <input type="text"/> | First Name | <input type="text"/> |
| Middle Name | <input type="text"/> | Surname | <input type="text"/> |
| Job Title | <input type="text"/> | | |
| Company/ Organisation | <input type="text"/> | | |



Sponsor Information

Name of sponsoring officer (name of the person responsible for the payment)

| | | | |
|--------------------------|----------------------|------------|----------------------|
| Title | <input type="text"/> | First Name | <input type="text"/> |
| Middle Name | <input type="text"/> | Surname | <input type="text"/> |
| Job Title | <input type="text"/> | | |
| Company/ Organisation | <input type="text"/> | | |



| | | | |
|------------------------------|----------------------|----------|----------------------|
| Street Address (Business) | <input type="text"/> | | |
| City | <input type="text"/> | Zip Code | <input type="text"/> |
| Country | <input type="text"/> | Fax | <input type="text"/> |
| Phone | <input type="text"/> | | |
| Email | <input type="text"/> | | |

Local Expense Fee: (please check the occupancy of your choice) Fee per person

- \$4,250 for Double Occupancy (two people sharing a twin bedded room) | Early Bird Discount: \$150*
- \$5,450 for Single Occupancy (one person in a room) | Early Bird Discount: \$200*

*We are delighted to offer a special discount to any applicant who completes the registration process at least two months prior to the beginning of the programme.

The invoice for the local expense fee will be sent to the person indicated above according to the requested accommodation arrangement. Please note that the admissions committee will not take action until this form is fully completed and submitted.



Date

Organisation
Stamp

Signature of
Sponsoring
Officer



Declaration of Intent

| | | | |
|-------------|----------------------|-----------------|----------------------|
| Name | <input type="text"/> | Surname | <input type="text"/> |
| Citizenship | <input type="text"/> | Passport Number | <input type="text"/> |

I hereby declare that I do not intend to stay in Israel illegally, work in Israel or otherwise violate the conditions of my visa (visa type B2). I will not misuse this visa to request political asylum or any other type of asylum from the state of Israel.

| | |
|------------------|----------------------|
| Date | <input type="text"/> |
| Signature | <input type="text"/> |

Visa Application Form



Candidate Information

| | | | |
|------------------|------------------------------|-------------------------------|--|
| Title | <input type="text"/> | First Name | <input type="text"/> |
| Middle Name | <input type="text"/> | Surname | <input type="text"/> |
| Previous Surname | <input type="text"/> | Religion | <input type="text"/> |
| Country of Birth | <input type="text"/> | Nationality | <input type="text"/> |
| Birth Date | <input type="text"/> | | |
| Family Status | <input type="radio"/> Single | <input type="radio"/> Married | <input type="radio"/> Divorced <input type="radio"/> Widowed |



Previous Visa Information

| | | | |
|---------------------------|--|--------------------|----------------------|
| Visited Israel Previously | <input type="radio"/> Yes <input type="radio"/> No | Dates | <input type="text"/> |
| Purpose of Previous Visit | <input type="text"/> | | |
| Country Visited | <input type="text"/> | Date of Visa Issue | <input type="text"/> |
| Country Visited | <input type="text"/> | Date of Visa Issue | <input type="text"/> |



Passport Details

| | | | |
|-----------------|----------------------|------------------------------|----------------------|
| Number | <input type="text"/> | Issued at (City, Country) | <input type="text"/> |
| Expiration Date | <input type="text"/> | | |

I hold a Service/Diplomatic Passport

As per the requirements of the Israeli Ministry of Interior, in order to process an entry visa the passport MUST be valid for a **minimum of 7 months** after the intended date of the participants' entry into Israel.



Do you have any pre-existing medical conditions? Yes No

If yes specify here

| | | | |
|------|----------------------|-----------|----------------------|
| Name | <input type="text"/> | Signature | <input type="text"/> |
| Date | <input type="text"/> | | |

Health Insurance provided by Galilee Institute DOES NOT cover any pre-existing conditions or health problems that began prior to arrival in Israel, including but not restricted to any side effects of HIV/AIDS and HIV/AIDS medication, pregnancy treatment and childbirth.



Application Checklist

In order to complete your application and present it to the admissions committee for evaluation, please submit the following documents:

1. Registration form: Completely filled in
2. Sponsors' guarantee of Payment form, signed and stamped by the sponsor
3. Visa application form + Declaration of Intent: completed and signed
4. Passport photocopies: Pertinent information, Visa stamps, Extension date (if any)
5. Detailed Curriculum Vitae

All forms and documents should be sent to the programme director **Mrs. Dasha Genasia** by email to: dgenasia@galilcol.ac.il or by Fax: (+972) 4 6514811