* It is possible to type directly in the fields of this PDF document and to save it with your information.

Galilee
International
Management Institute

Registration Form

Maritime and Port Security | 29 May - 11 June, 2018

Candidate Information

Title

First Name

Middle Name

Surname

Job Title

Company/ Organisation

Company website

Street Address (Business)

City

Zip Code

Country

Phone (Organisation)

Home Phone

Fax (Organisation)

Mobile

Email

Skype

Skills and Education

Last Degree Attained

Institution

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)

Galilee
International
Management Institute

Sponsors' Guarantee of Payment

Candidate Information

Title

First Name

Middle Name

Surname

Job Title

Company/
Organisation

Sponsor Information

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

Title

First Name

Middle Name

Surname

Job Title

Company/
Organisation

Street Address
(Business)

City

Zip Code

Country

Fax

Phone

Email

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

Galilee
International
Management Institute

Declaration of Intent

Name		Surname	
Citizenship		Passport Number	

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	
Signature	

Galilee
International
Management Institute

Visa Application Form

Candidate Information

Title

First Name

Middle Name

Surname

Previous Surname

Religion

Country of Birth

Nationality

Birth Date

Family Status ◯ Single ◯ Married ◯ Divorced ◯ Widowed

Previous Visa Information

Visited Israel Previously ◯ Yes ◯ No

Dates

Purpose of Previous Visit

Country Visited

Date of Visa Issue

Country Visited

Date of Visa Issue

Passport Details

Number

Issued at (City, Country)

Expiration Date

◯ 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

Signature

Date

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. Janine Ross** by email to:

jross@galilcol.ac.il or by Fax: (+972) 4 6514811