

International Olympic Academy Participants Association Country Representative Form

Please fill in the form carefully and as completely as possible and return it to IOAPA Country Coordinator marko@ioapa.org.

All the information provided below will be used uniquely for IOAPA internal purposes. IOAPA will not disclose any of the information below outside its membership. The more information you provide us the better will be our network. Thank you for your collaboration.

A. Personal Information

Mrs.
 Ms.
 Mr.
 Dr.
 Other:

Last Name			
First Name			
Postal Address			
City		Country	
Zip Code			
Telephone Number (incl. country code)			
Mobile Number (incl. country code)			
Fax Number (incl. country code)			
E-mail 1		E-mail (Verification)	
E-mail 2 (optional)		E-mail 2 (Verification)	
Website (if you have one)			
Nationality			
Date of Birth			

B. Participation at the IOA

Year (s)	Session (e.g. Young Participants, Postgraduate, IOAPA, etc)	Position (Participant, Coordinator, Lecturer, etc)

C. Background Information

Current Occupation		
Educational Background		
Sporting Background		
Areas of Expertise		
Other Interests / Other Information		
Do you have any position at NOA/NOC/NF/IF/IOC...?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Which is/are your position(s)?		