**Establishment of EE Lighting Testing Laboratory for the TGSB:**

**Capacity development and awareness creation on EE lighting**

**Application Form**

Gender

Man

Woman

Full Name Birth Date

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| --- | --- |
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Street Address City

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State / Province Postal / Zip Code

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| --- | --- |
|  |  |

Email Address Phone Number

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What is your work experience regarding lighting?

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Have you participated in other training programs for lighting?

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Is your current job related to Energy Efficiency?

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Why do you want to participate in the training?

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How will this training affect your activities?

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