



Awareness session request

a) Institution/organization	
Institution name :	Name of director :
Person in charge of the activity :	Phone number :
Email :	
Website :	
Is there any previous collaboration with Adyan? If yes, in which context?	
How did you hear about Adyan?	

b) The Activity	
Theme requested	
Notes on the theme or keywords	
Is this activity part of a larger project? If yes what is the name of the project and what are its objectives and program?	
Date	Place
Type of activity : <input type="checkbox"/> Interactive Workshop <input type="checkbox"/> Conference <input type="checkbox"/> Training <input type="checkbox"/> Testimonial <input type="checkbox"/>	Duration of the activity : (number of hours)
Language of the activity :	
Beneficiaries: average age: Between – Number: - Gender %:	



c) Participants	
Number of participants	Age
Other (specify) : <input type="checkbox"/> Lebanese <input type="checkbox"/> Nationality	
Is the group homogenous or do they not know each other?	
Gender ratio : Female % , Male %	Religious ration : % Christians , % muslims , % other (specify) :
Additional remarks	

Logistic information	
LCD projector and Laptop available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sound system for projection of films available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sound system (micros) available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whiteboard or Flipchart and markers available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have the possibility to take charge of the transportation of the trainers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name

Date

Signature