

CLASSIFICATION COURSE
PARTICIPANT'S APPLICATION FORM

Family Name	
Given Name	
Profession	
Scanned document of the Medical/Physiotherapy qualification Certificate attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nationality	
Date of Birth	
Address Street	
Number	
Postal Code	
City/Country	
Contact Number	
Email address	
Date of submission	
NPC's Person name, Signature & Position	
NPC's Stamp	

The form must be returned **no later than 29 September 2011** to IPC Powerlifting at ipcpowerlifting@paralympic.org and/or by fax at +49 228 2097209