**Interactive Learning Session (Pre-Conference Workshop) Expression of Interest Form**

**2nd SAFETYNET Scientific Conference in Kuala Lumpur, Malaysia**

**Name of Organization:**

**Contact Person (Name and Job title):**

**Email Address of Contact Person:**

**Workshop Title**:

**Workshop Description**:

*including background/context, learning objectives, workshop format, activities, course instruction, etc.*

**Information on Presenters:**

**Other Information (optional):**

*Including workshop evaluation method, learner assessment or follow-up and support*

**Workshop Times:** *Please tick your choice. Tick both for a whole day ILS/workshop.*

Morning: 08:00 – 12:00

Afternoon: 13:00 – 17:00

**Target Audience:** *Please choose one of these options.*

Conference participants – general

Conference participants – specific criteria (e.g., country, professional background, FETP directors or training staff) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prerequisites for participants:** e.g. should workshop participants have completed an online module or read some documents prior to attending the ILS or should they bring some data or equipment, e.g. laptop with them

No prerequisites

Prerequisites, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Expected Number of Workshop Participants:** \_\_\_\_\_

*Note: If the workshop will have a breakout discussion, we recommend having sufficient facilitators in each group*.

**Room Requirements**: (seating arrangement, equipment needed, etc.)