



UNESCO CENTER FOR GLOBAL EDUCATION

YOUTHPRENEUR TRAINING AND WORKSHOP REGISTRATION FORM

NAME: _____

DATE OF BIRTH _____ CURRENT GRADE _____

EMAIL _____ PHONE _____

SCHOOL/COLLEGE: _____

IF IN COLLEGE STATE COURSE OF STUDY _____

NAME OF COMPANY _____

DATE STARTED _____

COMPANY MISSION IN SUMMARY: _____

LIST YOUR COMPANY

PRODUCTS: _____

SIGNED: _____ **Date:** _____

ENDORSED BY: _____
NAME OF PARENT OR HEAD OF SCHOOL

SIGNATURE _____ **DATE:** _____

Please send to secretary@unescoforge.org with your passport photograph. include youthpreneur on the subject line

**YOUTHPRENEUR TRAINING AND WORKSHOP HOLDS ON SATURDAY OCTOBER 28,2017 AT 230
PARK AVENUE NEW YORK**