**Proposal form for specialized workshop:**

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| --- | --- |
|  | Workshop instructor's full name: |
|  | Affiliation: |
|  | Phone number: |
|  | E-mail address: |
|  | Workshop title: |
|  | Workshop main topics: |
|  | Duration: |
|  | Registration Fee: |
|  | Additional Information,  Importance and Necessity of the Workshop: |