



## Registration Form

Name, Surname \_\_\_\_\_

Identification Number \_\_\_\_\_ Gender  M  F

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

State Language Proficiency Level:  Basic  Intermediate  Advance

Address \_\_\_\_\_

Place of Work \_\_\_\_\_

Position \_\_\_\_\_

Native Language \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Indicate the program you would like to be trained in:

State Language Teaching and Integration Program

Public Governance and Administration Program

Indicate your preferred mode of learning:  Remote  In-Person

How did you obtain information about the learning programs offered by the School:

Your Organization

Social Network - Facebook

School Graduate

Other \_\_\_\_\_

Indicate your preferred time for learning sessions:

10:00–13:00

14:00–16:00

16:00–19:00

Please, send the completed form to the following addresses:



E-mail:

[zspa@zspa.ge](mailto:zspa@zspa.ge)



Address:

Tbilissi, 0186,  
№6 Z. Anjaparidze 1st  
Lane,

Facebook

LEPL-Zurab Zhvania School of  
State Administration

☎ Telephone number: (032) 2 200 220 (from 09:00 to 18:00)

Date of Completion: \_\_\_\_\_

Signature: \_\_\_\_\_