



NOMINATION FORM

Nominating Office:

Address of Office:

Telephone Nos.:

Fax Nos.:

E-mail:

Please state briefly the nominee's involvement in your organization:



How will the training course benefit the nominee, your organization and your organization's stakeholders? (Please answer briefly but concisely):

The undersigned, acting on behalf of _____ hereby
(Nominating Office)

certifies/confirms the nomination of _____
(Name of Nominee)

for the "Training Course on Edible Mushroom Production for Asian Farmers and Entrepreneurs" of SEARCA, the Food and Fertilizer Technology Center (FFTC) for the Asian and Pacific Region, the Asia-Pacific Association of Agricultural Research Institutions (APAARI), the Taiwan Agricultural Research Institute (TARI), and the Council of Agriculture, Executive Yuan, Taiwan ROC. The nominee shall be on detail at the training course venue with pay to complete the one-week program at Taichung, Taiwan ROC. He/she performs tasks and responsibilities that are relevant to the training course; has a working knowledge on improved technologies of mushroom production; is well-versed in English; and is physically fit to travel and participate in the said training course.

Name of Head of Office:

Designation:

Signature:

Address:

Official stamp/seal of office: